



CHAPTER GRADE RELEASE AUTHORIZATION
PLEASE COMPLETE THIS FORM IN BLUE OR BLCK INK

By your signature below, the undersigned authorize the Office of Student Activities to release summary grade information for the semester listed below. The information will be released to designated chapter officer(s) listed below who will be responsible for maintaining the confidentiality of the information. **PLEASE LIST ALL CURRENT UNDERGRADUATE MEMBERS IN ALPHABETICAL ORDER.**

ORGANIZATION _____
 CHAPTER _____ SEMESTER/YEAR _____
 OFFICER(S) TO WHOM GRADES WILL BE RELEASED Chapter President

	FULL NAME (please print)	STUDENT ID NUMBER	SIGNATURE	
	Example: Smith, John	0000	<i>John Smith</i>	
1				1
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