

## MISSOURI STATE UNIVERSITY

## Potential New Member Grade Verification Form

Chapter	_ Da	Date Submitted		
New Member Educator	E-mail	Phone Number		
Chapter President	E-mail	Phone Number		

I consent to the release of confidential data including social security number, grade information and ACT scores to the Office of Student Engagement, fraternity/sorority president, scholarship chairman, alumni advisor, and inter-national headquarters for the purpose of determining my qualifications to join a fraternity/sorority. I understand that to revoke this consent, I must notify the Office of Student Engagement. I understand that this authorization is in effect until I revoke it in writing.

					OFFICE USE ONLY	
Last Name	First Name	M Number	Verification	Signature	HS GPA	MSU GPA
		M0	☐ I agree to the statement above.			
		M0	☐ I agree to the statement above.			
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