

**Potential New Member Grade Verification Form**

Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.

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|  |  |  |  |  | **OFFICE USE ONLY** | |
| **Last Name** | **First Name** | **M Number** | **Verification** | **Signature** |  |  |
|  |  | M0 \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | □ I agree to the statement above. |  |  |  |
|  |  | M0 \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | □ I agree to the statement above. |  |  |  |
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|  |  | M0 \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | □ I agree to the statement above. |  |  |  |

Updated: 1/29/2020