Scholarship Release Form

Fraternity/Sorority: _____

Name: _____ _____ _____

(Last) (First) (MI)

Student ID #: _____ **Date:** _____

Select One: ___ New Member ___ Initiated Member

I hereby give my permission to the Registrar's Office to release, on a quarterly basis, my academic transcript report to the Director of Greek Life in the Office of the Dean of Students and the Scholarship Chairperson of my chapter for the duration of my undergraduate career at UCI. It is my understanding that this information will not be made public, but will be kept confidential with the Scholarship Chair, Chapter President, Chapter Advisor, and as required by National headquarters.

Print form and sign on the signature line.

_____

Signature