Grade release Authorization card

Fraternity / Sorority:_____

By signing this form, I understand that the Family Education Rights and Privacy Act of 1974 allows the release of my scholastic record only with my consent. I give my consent to release my grade report for educational purposes to the officers, advisors, and national office of my national sorority/ fraternity and the Office of the Dean of Student Life. I grant this permission as long as I am a member of the above named organization.

Name	Student ID#	Signature

Signature of President: _____ Date: _____