

Academic Release Request Form

Fraternity/Sorority Name: _____

Academic Semester to be Released (From what semester do you want grades?) _____

Members will have to individually sign the Academic Grade Release consent form.

On the Academic Grade Release consent form, members should read and understand the following:

GRADE RELEASE INFORMATION

The Family Educational Rights and Privacy Act of 1974 prohibits the release of personally identifiable information from student's educational records without their prior written authorization. Exceptions to this policy are limited to: **(1)** release of such information to a specific list of officials with a legitimate educational interest in the record, **(2)** the release of such information in response to a court order, health or safety emergency, or approved research project, or **(3)** the release of public directory information which has not been previously restricted by the student.

Each member will have to consent to the following:

Records to be disclosed: Semester grade point average, cumulative grade point average, semester hours/credits enrolled, listed address and phone number, race/ethnicity, and other records deemed appropriate by Sorority & Fraternity Life.

Parties to whom the records may be disclosed: Chapter leadership, Chapter advisors, and chapter (Inter) National Headquarters Staff/Volunteers.

Purpose of Disclosure: For use in chapter/council scholarship and general statistics, standards, educational programming, award recognition, and verification of minimum academic standards and University enrollment.

It is your responsibility to ensure that you members have completed the Academic Grade Release consent form. Please note you will only receive information for members that submitted the form by the request date of this form.

Requestor:

Name (print): _____ Date: _____

Name (signature): _____ Email: _____
