

**Greek Life  
Grade Release Card**

I \_\_\_\_\_, hereby grant  
(Print or type name) (Student ID #)

\_\_\_\_\_ the right to review the needed  
(Print or type chapter name)

academic information for their scholarship records.

---

(Signature)

(date)

If at any time you no longer wish to release your academic information to the above organization, please come to the Office of Student Affairs to have your card removed from their files. Release from this agreement will automatically happen after four years from the date above.

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