Please return to Student Life.

DATE: _____ TERM/QUARTER: _____

CHAPTER MEMBERS

ACTIVE~PLEDGE~INACTIVE

RELEASE OF SCHOLARSHIP INFORMATION FOR _____

(Please PRINT the name if the chapter legibly and do not use Greek letters.)

By signing below, I hereby give permission to the UCR Registrar's Office to release, on a quarterly basis, my academic transcript report (most recent quarter and cumulative GPA) to UCR Student Life for the duration of my undergraduate experience at UCR.

It is my understanding that my personal scholarship information will not be made public, but will remain confidential with the office of Student Life, my Chapter President and/or Chapter Scholarship officer, and as required by our National Organization Headquarters.

Last Name (Please print legibly)	**First Name** (Please print legibly)	**Student Identification Number (SID#)**	**Membership Status** (Circle One)	**Phone Number** (Include the area code)	**Signature** (Required for grade release)	**Office Held** (If applicable)
		- -	AC PL IN			
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Please return to Student Life.

Last Name (Please print legibly)	**First Name** (Please print legibly)	**Student Identification Number (SID#)**	**Membership Status** (Circle One)	**Phone Number** (Include the area code)	**Signature** (Required for grade release)	**Office Held** (If applicable)
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