



Greek Life

# GRADE RELEASE FORM

ORGANIZATION: \_\_\_\_\_

I have read this form and by signing below, am authorizing the release of my academic information to the undergraduate chapter president and university advisor for the purposes of verifying eligibility for initiation, compilation of organizational data, and other internal uses pertinent to membership in Greek-letter social organizations at California State University, Fresno. This academic information is confidential and will not be shared for any other purpose.

The grade release shall be in effect from the first semester I become involved with the organization until I am no longer affiliated with the organization. The student I.D. number will not be released.

## GRADE RELEASE

Use this form to ensure that the undergraduate chapter president and university advisor can receive members' academic information. This is critical to ensuring that members are fulfilling their academic obligations necessary for membership.

This information is not distributed or available to the public.

Complete and return to the address below.

This form is available in PDF format at the following website:  
[www.csufresno.edu/greeklife](http://www.csufresno.edu/greeklife)

**Student Involvement Center**  
California State University, Fresno  
5280 N. Jackson Ave, M/S SU36  
Fresno, CA 93740-8023  
Phone: (559) 278-2741  
Fax: (559) 278-7786

<i>Print Name</i>	<i>Campus ID#</i>	<i>Signature</i>	<i>Date</i>
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25. _____	_____	_____	_____

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_