Elon University
Office of Greek Life

Consent to Release of Student Records

I hereby authorize Elon University to release to my fraternity/sorority Chapter President and/or Scholarship Chair, to my inter/national fraternity/sorority organization, and to the Office of Greek Life at Elon University, my current and cumulative grade point average for the purpose of determining eligibility for scholarship consideration and awards. Verification of registration, and minimum chapter grade point requirements, for as long as I am affiliated with my fraternal organization. If I no longer wish to have my records released, I understand that I must request that in writing to the Director of Greek Life.

Chapter: _____ **Date:**_____

Printed Name	Signature	Social Security #