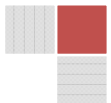


Verification of Potential New Member Form/Aspirants Form

Organization: _____

Date: _____

Potential New Member's Name (print)	<u>Signature:</u> I wish to waive my rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit APSU to release academic information about me to this sorority/fraternity. I understand that this waiver will be in effect until I notify the SLL, in writing, that I no longer wish to allow such information to be released.	A#	Phone Number	E-mail
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				



Date Received:

| SLL Staff Member Initials: