

Date Received: _____

Date Entered: _____

Austin Peay State University

VERIFICATION OF POTENTIAL ASPIRANTS/NEW MEMBERS FORM

Organization _____

Candidate's Name	Signature: 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 & judicial information about me to the undergraduate Sorority/Fraternity, inter/national office and volunteers. I understand that this waiver will be in effect until I notify Fraternity & Sorority Affairs that I no longer wish to allow such information to be released.	Student A Number	Cumulative College GPA	Credit Hours Enrolled	High School GPA (for first semester students)
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____	_____
16. _____	_____	_____	_____	_____	_____
17. _____	_____	_____	_____	_____	_____
18. _____	_____	_____	_____	_____	_____
Department Use Only	Date Received: _____				