Student Engagement
SOUTHEASTERN LOUISIANA UNIVERSITY

Potential New Member
Grade Release Request

Organization (Please Do Not Abbreviate): _____
Semester (Please select the current semester): ☐Fall ☐Spring ☐Summer **Year:** _____

With my signature below, I grant permission to **Southeastern Louisiana University** and the **above-mentioned organization**, for my grades and enrollment status to be checked by the **Office for Student Engagement** for the purpose of Intake/Recruitment.

Please note on the form, fill in the Student's first and last name, W# and phone number. The Potential New Member will need to sign next to their name. Leave the last remaining spaces blank (gray area) for the Office for Student Engagement staff.

Date	First Name, Last Name	W#	Phone Number	Student's Signature	Cumulative GPA/ Enrolled Hours

Chapter President's Signature: _____ Date: _____
Chapter Advisor's Signature: _____ Date: _____
Coordinator of Fraternity and Sorority Life: _____ Date: _____
Director of Student Engagement: _____ Date: _____