Grade Release Form

With my signature, I grant permission to
Southeastern Louisiana University and

_____
Name of Fraternity/Sorority

for my grades to be checked by the **Office for Student Engagement**
for **Intake/Recruitment Purposes ONLY.**

Please note: On form, fill in the **Student's name**, **W#** and **Contact #**, then the interested **student signs** in the next space. **Leave two remaining spaces open** (in gray area) for the Office for Student Engagement staff to record info.

STUDENT INFORMATION

Date	Student's Name	W#	Contact #	Student's Signature	CUM G.P.A./Hrs. Enrolled	Approval By Director