The University of Alabama in Huntsville  
Office of Fraternity & Sorority Life  
Academic Release Form

Fraternity/Sorority: ________________________________

I, the undersigned, understand that the Family Education Rights and Privacy Act of 1974 allows the release of my scholastic record only with my consent. I hereby give my consent to release my grades to the Office of Fraternity & Sorority Life. My signature also gives permission for fraternity/sorority officers, advisors, and national staff to view, for educational purposes, my grade reports. The permission is granted as long as I am a prospective member or member of the above named organization.

Print Full Name: ________________________________  Signature: ________________________________  Date: ______  A#:_______________________

Print Full Name: ________________________________  Signature: ________________________________  Date: ______  A#:_______________________

Print Full Name: ________________________________  Signature: ________________________________  Date: ______  A#:_______________________

Print Full Name: ________________________________  Signature: ________________________________  Date: ______  A#:_______________________

Print Full Name: ________________________________  Signature: ________________________________  Date: ______  A#:_______________________

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Print Full Name: ________________________________  Signature: ________________________________  Date: ______  A#:_______________________

Print Full Name: ________________________________  Signature: ________________________________  Date: ______  A#:_______________________

Print Full Name: ________________________________  Signature: ________________________________  Date: ______  A#:_______________________