



Office of the Registrar
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EDUCATION RECORDS RELEASE FOR GREEK LIFE

Undergraduate students who have joined a fraternity or sorority or who are considering membership may use this form to authorize release of their current grade point average, academic standing and previously earned grades to the Chapter President, Chapter Recruitment Chair and the Chapter Advisor(s) of the Interfraternal or Panhellenic organization(s) listed below. These records will be furnished by the Office of the Registrar in coordination with the Office of Student Engagement during recruitment drives and each semester a student remains affiliated with the organization. **No other records besides the ones listed above will be shared.**

Instructions:

1. Complete and submit this form to the Registrar's Office.
2. The authorization will remain in force until you graduate, permanently withdraw or are dismissed from the College.
3. At any time, this authorization may be rescinded if you notify the Office of Student Development of your intention to disaffiliate from the fraternity or sorority.

Last Name	First Name	MI	Washington College ID#
			/ /
Degree Program / Major	Start Term at WC	Current Class Year	Date of Birth (mm/dd/yy)
Email Address	Telephone Number	Last four of SSN	

I hereby authorize Washington College to furnish the following Interfraternal or Panhellenic organization(s) with information about my previous semester grades, academic standing and cumulative GPA. I acknowledge that this authorization will remain in force for as long as I am a student at Washington College. If I disaffiliate from the organization, I am responsible for completing another form to rescind this authorization.

Greek Organization

Check here if you are submitting this form during a recruitment period. This will grant access to ALL Interfraternal organizations (for men) or Panhellenic organizations (for women) until membership is offered and accepted. At that time, you should update this form with your new affiliation.

I intend to disaffiliate from the above named fraternity or sorority and hereby rescind my previous authorization for Washington College to release my academic records to this organization.

Student Signature	Date

FOR OFFICE USE ONLY	
Date received: _____	Copy to: <input type="checkbox"/> OSD <input type="checkbox"/> Chapter Pres. <input type="checkbox"/> Recruitment Chair <input type="checkbox"/> Chapter Advisor