

Date Received: _____

Date Entered: _____

NC State University VERIFICATION OF ASPIRANTS FORM

Organization _____

We hereby declare that on _____ (date submitted), the following individuals are aspirants for membership into our organization and will be duly initiated pending the decision of our regional/national representative(s).

Total Number of Candidates _____

Signature-Chapter President _____

Signature-Chapter Advisor _____

Aspirant's Name	Signature: I wish to waive my rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit NC State to release academic information about me to my Sorority/Fraternity. I understand that this waiver will be in effect until I notify the Department of Greek Life that I no longer wish to allow such information to be released.	Student Identification Number	Cumulative GPA
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
Department Use Only	Date Received: _____		