**NC State University**

Date Received:

Date Entered:

**VERIFICATION OF NEW MEMBERS FORM – GRADE CHECKS ONLY**

(duplicate as necessary)

|  |  |  |  |  |  |  |  |  |
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| Fraternity/Sorority |  | | | | | | | |
|  | | | | | | | | |
| hereby declares that as of | |  | | | | (date submitted), the following individuals are participating in chapter recruitment events and are | | |
| considering membership in our organization. If selected, and upon successful completion of the new member process, they will be duly initiated. | | | | | | | | |
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|  | | |  |  |  | | |
| Total Number of Candidates | | | | Signature of Chapter President | | |

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| --- | --- | --- | --- | --- | --- |
| Candidate’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 and student conduct 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 ID Number | Hours Completed | College GPA | HS GPA (W) |
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| Department Use Only – Do not enter data into grey cells | | | | | |

**NC State University**

**VERIFICATION OF NEW MEMBERS FORM – MEMBERSHIP ALREADY OFFERED**

Date Received:

Date Entered:

(duplicate as necessary)

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| Fraternity/Sorority |  | | | | | | |
|  | | | | | | | |
| We hereby declare that as of | |  | | | (date effective), the following individuals have accepted bids for membership in our | | |
| organization. Upon successful completion of the new member process, they will be duly initiated. | | | | | | | |
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| Total Number of New Members | | | |  | | | Signature-Chapter President |

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| --- | --- | --- | --- |
| New Members Names | 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 and student conduct 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 ID Number | Date |
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