UCLA CSP/FRATERNITY & SORORITY RELATIONS
PLEDGE / NEW MEMBER / ASSOCIATE
SCHOLARSHIP RELEASE FORM

Fraternity/Sorority: _____ Quarter: F W S Year: _____

By my signature below, I hereby authorize the Center for Student Programming, Fraternity & Sorority Relations to examine my student records and to release to my Chapter Scholarship Chair or President my current and cumulative grade information for the duration of my membership for the purpose of determining eligibility for scholarship consideration and for establishing an all fraternity/sorority scholastic ranking each academic quarter.

PLEASE PRINT!

LAST	FIRST	UCLA ID	SIGNATURE