

Grade Waiver for Fraternity and Sorority Members

ACADEMIC RECORD RELEASE: I give my consent to the Office of Student Activities to release my educational records (grades) to my chapter for use in scholarship programs, advising, and chapter averaging at any time during my membership in the chapter. I authorize this release for the time that I am enrolled at Rhode Island College or until I notify the Office of Student Activities otherwise in writing.

Organization: _____

Last Name	First Name	ID #	Signature

Please print clearly and legibly

Last Name	First Name	ID #	Signature