FLORIDA GULF COAST UNIVERSITY

Department of Greek Life: Grade Release Form

Date: ____________________________ Semester: Fall Spring 20___

We the undersigned, release our grades to (Greek Organization) ________________ for the purpose of verifying grades, academic progress, and awards eligibility. I give my permission for reporting of my personal academic information as needed within the local and/or national organization as well as, the University. I understand that my grades will be used for these purposes only. Should I want to relinquish my authority, I must notify the Department of Greek Life in writing. Officers of the Greek Organization are mandated to complete. The Office of Greek Life will utilize the information only as regulated by FERPA.

Name (Print)	Signature	University Identification Number	For Office Use