



Grade Release Form

The Family Education Rights and Privacy Act (FERPA) prohibits the release of personally identifiable information from the students' education records without their prior written authorization. Exceptions to this policy are limited to: 1) release of such information to a specific list of officials with a legitimate educational interest in the record, 2) the release of such information in response to a court order, health or safety emergency, or approved research project, or 3) the release of public directory information which has not been previously restricted by the student.

Organization Name: _____

Student Name: _____ **E-mail:** _____

Student ID # _____

Circle One: New Member Active Member **Semester Affiliated:** _____

I have an interest in accepting membership in the organization mentioned above and hereby consent to the release of the following information to the indicated offices:

Records to be disclosed: Semester grade point average and cumulative grade point average and any other records as authorized to Fraternity and Sorority Life

Parties to whom the records may be disclosed: Chapter President, Chapter and/or Faculty Advisors, Scholarship Chairperson, National Headquarters Staff, Regional Chapter Advisors/Volunteers, Chapter Executive Officers, Council Leadership and the Fraternity and Sorority Life Office.

Purpose of disclosure: For use in university affiliation authorization, chapter scholarship statistics, educational programming, awards recognition, and verification of minimum academic standards and requirements.

Length of disclosure: Each member of the fraternity and sorority community completes a Grade Release Form annually which releases semester grade point average, cumulative grade point average and any other records as authorized to the Fraternity and Sorority Life Office. This authorization must be submitted annually for my grades to be released and I must be enrolled at Virginia Tech, unless I submit a written revocation of this authorization to the Fraternity and Sorority Life Office.

By signing this form, I agree to the Grade Release Policy.

_____ **Member Signature** _____ **Date** _____ **President Signature** _____ **Date**

For Office Use Only Date Received: _____ Date Entered: _____ By: _____
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