The University of Alabama in Huntsville
Office of Fraternity & Sorority Life
Academic Release Form

Fraternity/Sorority: _____

I, the undersigned, understand that the Family Education Rights and Privacy Act of 1974 allows the release of my scholastic record only with my consent. I herby give my consent to release my grades to the Office of Fraternity & Sorority Life. My signature also gives permission for fraternity/sorority officers, advisors, and national staff to view, for educational purposes, my grade reports. The permission is granted as long as I am a prospective member or member of the above named organization.

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