



Fraternity and Sorority Involvement Center

900 University Avenue
 Riverside, CA 92521
 Phone: 951-827-2438

<http://www.studentlife.ucr.edu>

Verification of New Members

Inter/national Organization: _____ Name of Chapter: _____

We hereby declare that on _____ (date submitted), the following individuals are potential new members for membership into our organization and will be duly initiated pending the decision of our regional or inter/national representative(s).

Total Number of Potential New Members: _____

 Signature of President

 Signature of Advisor

Potential New Member Name	Signature: By signing below, I hereby give permission to the UCR Registrar's Office to release, on a quarterly basis, my academic transcript report (most recent quarter and cumulative GPA) to UCR Student Life for the duration of my undergraduate experience at UCR. It is my understanding that my personal scholarship information will not be made public, but will remain confidential with the office of Student Life, my Chapter President, and/or Chapter Scholarship/Academic Officer, and as required by our National Organization Headquarters.	SID
1.		
2.		
3.		
4.		
5.		
6.		

7.		
8		
9		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		