

Office of Student Involvement and Leadership University of New Orleans

Verification of New Members/Aspirants

Submit form to the Greek Life Office in UC 236. For more information, call 504-280-6351 or email greeklife@uno.edu

Fraternity/Sorority: _____

We hereby declare that on _____, the following candidates for membership into our organization and will be duly initiated pending the decision of our regional/national representative(s).

Total Number of Candidates: _____

Chapter President's Name: _____ **Chapter President's Signature:** _____

Candidate's Name	<u>Signature:</u> I waive my rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit UNO to release academic information about me to my Sorority/Fraternity. I understand that this waiver will be in effect until I notify the Office of Student Involvement and Leadership that I no longer wish to allow such information to be released.	UNO Student ID #	Cumulative GPA
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For Office Use Only:
 Received on: _____
 SIL Staff Signature: _____
 Date: _____