**Organization Membership Intake Aspirant Grade Verification Form**

Organization & Chapter Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We hereby declare that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date submitted), the following individuals are aspirants for membership into our organization and will be duly initiated pending the decision of our regional, national, and international representative(s).

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| Aspirant Name | Signature\* | T- Number | Cumulative GPA\*\* |
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\* By signing above, I wish to waive my rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit TSU to release academic information about me for membership and statistical data purposed to appointed organization members, campus/graduate advisor(s), regional and national office(s). I understand that this waiver will be in effect until I notify TSU that I no longer wish to allow such information to be released.

\*\* Cumulative grades will be verified approved for intake by the Tennessee State University Division of Student Affairs.