Florida State University
VERIFICATION OF ASPIRANTS FORM

Name of inter/national organization and name of chapter:

_____

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 or inter/national representative(s).

_____ Total Number of Aspirants

_____ Signature of Chapter President

_____ Signature of Faculty or Graduate Advisor

Aspirant Name	Signature: I wish to waive my rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit The Florida State University 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 Greek Life that I no longer wish to allow such information to be released.	FSUID	Cumulative GPA
Date Received:			