

**Verification of New Members
University of New Orleans
Office of Greek Life**

Organization _____

We hereby declare that on _____ (date submitted), 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

Signature of Chapter President

Signature of Graduate Advisor

Candidate's Name	Signature: 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 Greek Life that I no longer wish to allow such information to be released.	Student ID #	Cumulative GPA
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Department Use Only	Date Received:		