

Date Received: _____
 Date Entered: _____

NC State University
VERIFICATION OF NEW MEMBERS FORM
 (duplicate as necessary)

Organization _____

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

 Total Number of Candidates

 Signature-Chapter President

 Signature-Chapter Advisor

Candidate's Name	Signature: I wish to waive my rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit NC State to release academic information about me to my Sorority/Fraternity. I understand that this waiver will be in effect until I notify the Department of Greek Life that I no longer wish to allow such information to be released.	Student ID Number	Cumulative GPA
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Department Use Only		Date Received:	