

University of Illinois at Chicago

VERIFICATION OF ASPIRANTS 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 representative(s).

_____/_____
 Total Number of Candidates Signature-Chapter President Signature- Grad/Chapter Advisor

Aspirant's Name	Signature: I wish to waive my rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit UIC to release academic information about me to my Sorority/Fraternity. I understand that this waiver will be in effect until I notify the Center for Student Involvement that I no longer wish to allow such information to be released.	Student UIN Number	Cumulative GPA (DO NOT WRITE IN THIS BOX)
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Department Use Only		Date Received:	

