Office of Greek Life and Student Leadership Programs Grade Release Form

I authorize the Coordinator of Greek	Life & Student Leadership Programs at Murray State
	ision of my M number, to release a portion of my
	ed transcript information, to the President and National
Staff of	fraternity/sorority. I understand that this is for
	and cumulative grade point averages, including the number
of credits attempted and earned. This	information may not be released to a third party.
1 Full Name	
1. Full Name:(Print Name)	(Signature)
M-Number:	Date:
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M-Number:		Date:	
11. Full Name:	(Print Name)		
	(Print Name)	(Signature)	
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12. Full Name:	(Print Name)		
	(Print Name)	(Signature)	
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	(Print Name)	(Signature)	
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15. Full Name:	(Print Name)	(Signature)	
	(Print Name)	(Signature)	
M-Number:		Date:	
16. Full Name:	(Print Name)		
	(Print Name)	(Signature)	
M-Number:		Date:	