

WILLIAM & MARY
FRATERNITY & SORORITY LIFE

Release Form

I, _____ (print your name) understand that the Family Education Rights and Privacy Act of 1974 allows the release of my academic record only with my consent. By signing this form, I authorize the release of my grade point average (GPA) to Student Leadership Development (SLD) and Fraternity & Sorority Life (FSL) staff for the purpose of computing academic statistics for the FSL community every semester. This also serves as a release to my individual chapter for verification of compliance with its academic standards policy. I also authorize the university to inform my family of my fraternity/ sorority membership. I can withdraw my authorization at any time by submitting a request in writing to FSL staff.

Signature

Student ID

Date