**RELEASE OF STUDENT RELATED INFORMATION**

INSTITUTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the release of (listed below) student related information to Chilchinbeto Chapter Manager, Evelyna Cleveland-Gray, in order to be considered for chapter academic assistance. I must sign and date this form:

1. Enrollment verification (verbal or faxed hard copy)
2. Letter of Admission (entering student, faxed if requested)
3. Class schedule (Entering student, verbal or faxed hard copy) with grades and credit hours, and GPA (continuing students, verbal or faxed hard copy)

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Signature of Student Social Security Number

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Student’s printed name Date