

**THE DIVISION OF STUDENT AFFAIRS
THE OFFICE OF FRATERNITY AND SORORITY LIFE
CONSENT FOR RELEASE OF EDUCATION RECORD INFORMATION**

Office of Fraternity and Sorority Life
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Tuscaloosa, AL 35487
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ofsl@ua.edu

Name: _____ CWID: _____

I, the undersigned member of _____ understand that the Family Education Rights and Privacy Act (FERPA) of 1974 allows the release of my scholastic record only with my consent. I give my consent to release my grade report to the officers, advisors, and national office staff of my national sorority/fraternity and the University of Alabama Office of Fraternity and Sorority Life. I grant this permission as long as I am a member of the above named organization.

I understand that I am not required to give this consent. I want the University of Alabama to share this information as instructed above and I give this consent of my own free will.

Student signature

Date

Received by

Date

***This document is authorized for the Division of Student Affairs, the Office of Fraternity and Sorority Life use only.**