

**Bloomsburg
University**

Records Release Authorization

I am interested in joining a fraternity

I am interested in joining a sorority

Date _____

Name _____ BU ID _____

College Address (Box #) _____

Permanent Address _____

Campus Phone # _____

E-mail _____

I hereby authorize Bloomsburg University to release all academic and disciplinary information contained in my educational record to the Office of Greek like and my (inter) national Greek letter organization for the purpose of awards and recognition, computing chapter averages, needs assessment, etc... The authorization shall remain effective so long as I am a member of a Greek Letter Organization at Bloomsburg University.

Signature

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