California State University, San Bernardino
Office of Student Engagement
Academic Record Release Form

Chapter Name _____

Quarter _____

I attest that I have read the above statement, that the information provided is true and correct to the best of my knowledge, and that I am authorized by my chapter to submit this information.

Position	**Name**	**Date**	**Signature**

By signing below, I authorize the Office of Student Engagement to verify my academic records and to release the information to my chapter delegate(s), chapter officers, and/or IFC/NPHC/PHC/USFC officers until such time as I withdraw this permission in writing or the chapter removes my name due to changes in my membership status.

Last Name	First Name	My Coyote ID	Signature

Revised 10/15