Grade Release Form
Greek Organizations
Duke University

Chapter _____

Class of _____

Date _____

President/Scholarship Chair _____

My signature below grants my permission to the Office of Fraternity & Sorority Life (FSL) to release my semester and cumulative grades to the current president/scholarship chair of my chapter for the purpose of gathering statistics, checking minimum standards and nominating for awards. This remains effective until I graduate, am no longer affiliated with my chapter at Duke or until I advise the FSL office otherwise.

Printed Name	Signature	Duke Unique ID	Date