

**FLORIDA ATLANTIC UNIVERSITY**  
FRATERNITY & SORORITY LIFE

**FLORIDA ATLANTIC UNIVERSITY  
FRATERNITY & SORORITY LIFE GRADE VERIFICATION FORM**

**GRADE VERIFICATION AUTHORIZATION**

I, \_\_\_\_\_, a student at Florida Atlantic University, do hereby grant the Office of Fraternity and Sorority Life the authority to access my official university transcripts for the purpose of verifying my eligibility to join a fraternity or sorority organization. I understand that my academic transcripts and overall GPA will be available for viewing by the members of the organization, advisors, inter/national office of the Greek organization(s) I am pursuing, and the Office of Fraternity and Sorority Life. I expressly waive my rights under the Family Educational Rights to Privacy Act so that my academic performance may be reported by the Office of Fraternity and Sorority Life to the aforementioned parties.

**Please complete the following and sign:**

- I authorize the FAU Office of Fraternity & Sorority Life to verify my academic eligibility
- I have read and understand the terms listed above

**Full Name (Print):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Z Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

*Please note that each organization's grade requirement varies, therefore, a certain cumulative GPA does not guarantee consideration for membership into all chapters.*

**For OFFICE USE ONLY:**

**High School GPA:** \_\_\_\_\_ **Overall GPA:** \_\_\_\_\_ **FAU GPA:** \_\_\_\_\_

**Conduct Issue:** \_\_\_\_\_

**Office Signature:** \_\_\_\_\_