

GRADE RELEASE FORM

**UNIVERSITY OF WASHINGTON
Office of Fraternity & Sorority Life
Condon 223E, Box 352238
Seattle, WA 98195**

I authorize the Office of Fraternity & Sorority Life at the University of Washington, by my signature and provision of my student number, to release a portion of my educational record, specifically selected transcript information, to the President of _____ fraternity/sorority for the purpose of determining my quarterly and cumulative grade-point averages, including the number of credits attempted and earned. This information may not be released to a third party.

PLEASE PRINT YOUR FULL NAME (FIRST, MIDDLE, LAST)

1. NAME:	_____	_____	_____
	FIRST	MIDDLE	LAST
	_____	_____	_____
	SIGNATURE	DATE	UW STUDENT NUMBER

2. NAME:	_____	_____	_____
	FIRST	MIDDLE	LAST
	_____	_____	_____
	SIGNATURE	DATE	UW STUDENT NUMBER

3. NAME:	_____	_____	_____
	FIRST	MIDDLE	LAST
	_____	_____	_____
	SIGNATURE	DATE	UW STUDENT NUMBER

4. NAME:	_____	_____	_____
	FIRST	MIDDLE	LAST
	_____	_____	_____
	SIGNATURE	DATE	UW STUDENT NUMBER

5. NAME:	_____	_____	_____
	FIRST	MIDDLE	LAST
	_____	_____	_____
	SIGNATURE	DATE	UW STUDENT NUMBER

6. NAME:	_____	_____	_____
	FIRST	MIDDLE	LAST
	_____	_____	_____
	SIGNATURE	DATE	UW STUDENT NUMBER