

Mississippi State University
VERIFICATION OF NEW MEMBERS FORM

Organization & Chapter
 Name _____

We hereby declare that _____ (date submitted), the following individuals are candidates for
 on _____ membership
 into our organization and will be duly initiated pending the completion of the new member education program(s).

 Total Number of Candidates Signature-Chapter President Signatures- Advisor and Faculty Advisor

New Member's Name	<u>Signature:</u> I wish to waive my rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit MSU to release academic information about me to my Sorority/Fraternity. I understand that this waiver will be in effect until I notify the Office of Greek Life that I no longer wish to allow such information to be released.	MSU ID Number	Cumulative GPA
1.			
2.			
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19.			
20.			
Department Use Only	Date Received:		

*Please use additional forms as needed for additional signatures.