

GRADE RELEASE FORM

Please complete this form and mail or deliver in person to:

Student Activities Office SU 206
Northeastern Illinois University
5500 N. St. Louis Ave Chicago, IL 60625
773-442-4667 fax 773-442-4665

Name: _____
(First) (Middle) (Last)

NEIU ID#: _____ E-mail: _____

Home address: _____
(Street) (City) (State) (Zip code)

Home telephone: _____ Birthdate: _____

Year in school: FR SO JR SR Major: _____

Organization you belong to: _____

Semester and Year you became a member of the organization: _____

I hereby confirm that the above information provided to the Student Activities Office at Northeastern Illinois University is, to the best of my knowledge, correct. I authorize the Northeastern Illinois University to release my confidential information including class schedules and cumulative and semester grade and quality point information to the Student Activities staff for the purpose of grade reporting and to certify that membership academic requirements are maintained. As a fraternity/sorority member, I hereby grant permission to release my semester and cumulative grades to the National Headquarters staff of that organization, and NEIUI staff designated as Faculty Advisors and Greek Life advisors for as long as I am a collegiate member of the fraternity/sorority.

Signature: _____

Date: _____