Fall 2004

NEW MEMBER ROSTER

FRATERNITY/SORORITY NAME _____

THIS IS TO CERTIFY THAT THE FOLLOWING INDIVIDUALS ARE CURRENTLY ENROLLED STUDENTS AT FLORIDA INSTITUTE OF TECHNOLOGY AND ARE CURRENT MEMBERS OF OUR ORGANIZATION.

RETURN COMPLETED FORM BY:
TO: STUDENT LIFE, DENIUS STUDENT CENTER

PLEASE PRINT, TYPE OR ATTACH A PRINTED SHEET OF THE FOLLOWING INFORMATION

MEMBER NAME **List name as listed in Florida Tech records (*NO Nick Names*)**	**Signature required to release grades to fraternity.** I give permission for the Office of Student Life to check my academic status and grades at Florida Institute of Technology. I further give my permission for the Office of Student Life to release this information to the fraternity chapter of which I am associated. This release will expire on the day that I disassociate, or otherwise discontinue my membership with this fraternity.	**SOCIAL SECURITY NUMBER** ***(REQUIRED)***

CHAPTER ADVISOR_____
NAME PHONE DATE

CHAPTER PRESIDENT

NAME	PHONE	DATE