



**Fraternity and Sorority Involvement Center**

900 University Avenue  
 Riverside, CA 92521  
 Phone: 951-827-2438

<http://www.studentlife.ucr.edu>

**Verification of New Members**

Inter/national Organization: \_\_\_\_\_

Name of Chapter (if applicable): \_\_\_\_\_

We hereby declare that on \_\_\_\_\_ (date submitted), the following individuals are new members for membership into our organization and will be duly initiated pending the decision of our regional or inter/national representative(s).

Total Number of New Members: \_\_\_\_\_

\_\_\_\_\_  
 Signature of President

\_\_\_\_\_  
 Signature of Advisor

Print New Member Name	Signature: By signing below, I hereby give permission to the UCR Registrar's Office to release, on a quarterly basis, my academic transcript report (most recent quarter and cumulative GPA) to UCR Student Life for the duration of my undergraduate experience at UCR. It is my understanding that my personal scholarship information will not be made public, but will remain confidential with the office of Student Life, my Chapter President, and/or Chapter Scholarship/Academic Officer, and as required by our National Organization Headquarters.	SID (Student ID #)																				
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