

**Office of Inclusion and Student Engagement
Interfraternity, Multicultural, and Panhellenic Greek Councils
Grade Release Form**

I hereby authorize Millikin University to disclose the following information contained in my education records to the Office of Inclusion and Student Engagement and to all fraternities/sororities that I am interested in: high school GPA, academic index, high school rank, SAT and/or ACT score(s), midterm deficiency information, semester and cumulative GPA at Millikin University and all previously attended institutions. This authorization shall remain effective so long as I am enrolled at Millikin University unless rescinded by me in writing.

Print Full Name

Signature

Year in School

MU ID#

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Chapter: _____

Contact Person/Email: _____

