

**Fraternity and Sorority  
Potential Member GPA & Unit Verification**

Name _____	Coyote ID# _____
Phone Number _____	
Please indicate the chapter you would like your information released to: _____	

**By signing below, I authorize the university to verify my academic records and to release the information to the chapter for the purpose of establishing my eligibility to join a fraternal organization at Cal State San Bernardino.**

**(If Participant is under 18 years of age, the parent or legal guardian will need to sign below as well.)**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

***This form must be submitted to the Office of Student Engagement prior to any offers of membership.***

<b>Office Use Only:</b> Quarter GPA: _____ Cumulative GPA: _____	<input type="checkbox"/> Meets CSUSB Requirement <input type="checkbox"/> First Time Freshmen <input type="checkbox"/> Not Eligible	OSE Staff Initials: _____
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