



Date Received: \_\_\_\_\_  
Date Entered: \_\_\_\_\_

CCU Fraternity and Sorority Life  
Membership Roster Additions and Academic Release Form

Fraternity/Sorority: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter President's Signature: \_\_\_\_\_

Please type in the name, and **student ID number**, for each roster addition. Next, print the form for signatures to be added and dated. Forms should be returned to Fraternity and Sorority Life.

IMPORTANT: By providing your signature below, you are authorizing Coastal Carolina University to release your academic information (protected by the Family Education Rights and Privacy Act of 1974) to your Fraternity/Sorority each semester. This authorization will remain in effect until you provide a signed/dated notification to the Greek Life Office which revokes the authorization.

Check if this is  
**not** of your first  
semester of  
affiliation.

	Name (typed)	Student ID#		Signature	Date
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