Phi Beta Sigma Fraternity, Inc.

Academic Verification Form

Request for Information

AGREEMENT

I, _____ , _____ ,
NAME Social Security #

give my permission to the Registrar's Office of_____to release my cumulative grade point average and credits to the members of the chapter of PHI BETA SIGMA FRATERNITY, INC.

Signature: _____

DATE: _____

This form must be completed and submitted with the official student membership approval form to the appropriate university official.

PBS –5 REVISED (8/90) TOP COPY TO REGISTRARS OFFICE: SND COPY FOR NATIONAL OFFICE: 3RD COPY TO CHAPTER

THIS FORM MUST BE MAINTAINED IN THE CHAPTER FILES FOR 3 YEARS.