

# Office of Greek Life

## Request for Encumbrance of Records

\_\_\_\_\_

Chapter Name

Students Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Amount Owed to Chapter: \_\_\_\_\_

Breakdown of Charges (Must be specific):

Charge (House rent, house maintenance fee, etc.)	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total Charges:</b> _____	

I attest that the hold placed on this record is due to the member's delinquency in paying fees associated specifically with maintaining the chapter house. This hold has not been requested due to delinquency in paying general membership dues or other fees.

\_\_\_\_\_  
Signature of Chapter Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter Representative (Please Print)

\_\_\_\_\_  
Phone: \_\_\_\_\_

For Office Use Only:

Date of Encumbrance: \_\_\_\_\_

By Whom: \_\_\_\_\_

Date Hold Removed: \_\_\_\_\_

By Whom: \_\_\_\_\_

Removal of hold authorized by: \_\_\_\_\_

Date: \_\_\_\_\_