

Office of Greek Life
Release of Encumbrance of Records

Chapter Name

Students Name: _____ Social Security Number: _____

I attest that the release of this hold is authorized by the chapter.

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: _____