

FRATERNITY AND SORORITY LIFE ACTIVE MEMBER ROSTER

Frostburg State University

DUE the second Monday of the semester academic calendar (see checklist for a specific date)

We, the undersigned, authorize the Fraternity and Sorority Life Office to release to the president, his/her designee, or advisor, of _____ Fraternity/Sorority our _____ Semester, 20 ____ grade point averages (semesterly and cumulatively) for the purpose of academic review by the fraternity/sorority and/or University with the understanding that this information is not to be disclosed. I also understand that if I do not wish my academic information to be released, I am in no way required to place my signature on this form, but then I will not be recognized in my organization.

Please list all active members in your chapter in alphabetical order:

Full Given Name (First Middle Last)	FSU Student ID#	Local Address	Phone #	Year @ FSU
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____

President's Signature

Date

Advisor's Signature

Date

Associate Director of Fraternity and Sorority Life Signature

Date

I do solemnly swear under the provisions set forth within the Code of Conduct Policy that the information provided in this document is true and accurate to the best of my information and belief.

FRATERNITY AND SORORITY LIFE ACTIVE MEMBER ROSTER
Frostburg State University

Full Given Name (First Middle Last)	FSU Student ID#	Local Address	Phone #	Year @ FSU
16. _____	_____	_____	_____	_____
17. _____	_____	_____	_____	_____
18. _____	_____	_____	_____	_____
19. _____	_____	_____	_____	_____
20. _____	_____	_____	_____	_____
21. _____	_____	_____	_____	_____
22. _____	_____	_____	_____	_____
23. _____	_____	_____	_____	_____
24. _____	_____	_____	_____	_____
25. _____	_____	_____	_____	_____
26. _____	_____	_____	_____	_____
27. _____	_____	_____	_____	_____
28. _____	_____	_____	_____	_____
29. _____	_____	_____	_____	_____
30. _____	_____	_____	_____	_____
31. _____	_____	_____	_____	_____
32. _____	_____	_____	_____	_____
33. _____	_____	_____	_____	_____
34. _____	_____	_____	_____	_____
35. _____	_____	_____	_____	_____

 President's Signature

 Date

 Advisor's Signature

 Date

 Associate Director of Fraternity and Sorority Life Signature

 Date

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Frostburg State University

Full Name (First Middle Last)	FSU Student ID#	Local Address	Phone #	Year @ FSU
36. _____	_____	_____	_____	_____
37. _____	_____	_____	_____	_____
38. _____	_____	_____	_____	_____
39. _____	_____	_____	_____	_____
40. _____	_____	_____	_____	_____
41. _____	_____	_____	_____	_____
42. _____	_____	_____	_____	_____
43. _____	_____	_____	_____	_____
44. _____	_____	_____	_____	_____
45. _____	_____	_____	_____	_____
46. _____	_____	_____	_____	_____
47. _____	_____	_____	_____	_____
48. _____	_____	_____	_____	_____
49. _____	_____	_____	_____	_____
50. _____	_____	_____	_____	_____

President's Signature

Date

Advisor's Signature

Date

Associate Director of Fraternity and Sorority Life Signature

Date

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