I authorize the Coordinator of Greek Life & Student Leadership Programs at Murray State University, by my signature and provision of my M number, to release a portion of my educational record, specifically selected transcript information, to the President and National Staff of _____________ fraternity/sorority. I understand that this is for the purpose of determining my term and cumulative grade point averages, including the number of credits attempted and earned. This information may not be released to a third party.

1. Full Name: ____________________________ (Print Name) ____________________________ (Signature)  
   M-Number: ____________________________ Date: ____________________________

2. Full Name: ____________________________ (Print Name) ____________________________ (Signature)  
   M-Number: ____________________________ Date: ____________________________

3. Full Name: ____________________________ (Print Name) ____________________________ (Signature)  
   M-Number: ____________________________ Date: ____________________________

4. Full Name: ____________________________ (Print Name) ____________________________ (Signature)  
   M-Number: ____________________________ Date: ____________________________

5. Full Name: ____________________________ (Print Name) ____________________________ (Signature)  
   M-Number: ____________________________ Date: ____________________________

6. Full Name: ____________________________ (Print Name) ____________________________ (Signature)  
   M-Number: ____________________________ Date: ____________________________

7. Full Name: ____________________________ (Print Name) ____________________________ (Signature)  
   M-Number: ____________________________ Date: ____________________________

8. Full Name: ____________________________ (Print Name) ____________________________ (Signature)  
   M-Number: ____________________________ Date: ____________________________
9. Full Name: ________________________________________
   (Print Name) ________________________________________
   M-Number: ___________________________ Date: ___________________________
   (Signature) ___________________________ Date: ___________________________

10. Full Name: ________________________________________
    (Print Name) ________________________________________
    M-Number: ___________________________ Date: ___________________________
    (Signature) ___________________________ Date: ___________________________

11. Full Name: ________________________________________
    (Print Name) ________________________________________
    M-Number: ___________________________ Date: ___________________________
    (Signature) ___________________________ Date: ___________________________

12. Full Name: ________________________________________
    (Print Name) ________________________________________
    M-Number: ___________________________ Date: ___________________________
    (Signature) ___________________________ Date: ___________________________

13. Full Name: ________________________________________
    (Print Name) ________________________________________
    M-Number: ___________________________ Date: ___________________________
    (Signature) ___________________________ Date: ___________________________

14. Full Name: ________________________________________
    (Print Name) ________________________________________
    M-Number: ___________________________ Date: ___________________________
    (Signature) ___________________________ Date: ___________________________

15. Full Name: ________________________________________
    (Print Name) ________________________________________
    M-Number: ___________________________ Date: ___________________________
    (Signature) ___________________________ Date: ___________________________

16. Full Name: ________________________________________
    (Print Name) ________________________________________
    M-Number: ___________________________ Date: ___________________________