

Student Activity Group Academic Verification Form (Office of the Registrar)

Full Name of Organization _____ For Academic Year _____

Advisor/Group Representative _____ Email _____ Phone _____

Student: By signing below, I authorize the Registrar to release the requested academic information.

| | To Be Completed By Student | | | To Be Completed By Registrar | | | |
|----|----------------------------|-----------|------|------------------------------|------------------------|----------------|-----------------------|
| | Printed Name | Signature | ID # | Good Academic Standing (Y/N) | Overall Cumulative GPA | Hours Enrolled | Total Hours Completed |
| 1 | | | | | | | |
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| 17 | | | | | | | |

Registrar

Date