

## 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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date