

ASU VERIFICATION OF POTENTIAL CANDIDATES FORM

(Please type, except for signatures)

Make copies if necessary

The: _____ Chapter of: _____ Inc. of Alcorn State University Hereby declares that on: _____ (date) the following individuals are potentials for membership into our organization and need to be verified and approved for continuation for membership intake. Submitting this form does not authorize the Office of Student Records to release academic records to any third party. Students requesting records release should contact the Records Office goo.gl/911iKu or complete a consent form: goo.gl/GpnbK0		
Total Number of Candidates _____	Signature-Chapter President _____	Signature-Chapter Advisor _____

Potential Candidates Names & ASU IDNumber (Only fill in the White areas, gray area for Departmental Use only)					
Full Name (First, Last)	Banner ID	Phone No.	Cumulative GPA	Judicial Sanction Y/N	Y/N
Department Use Only			Date Received:		

