

# Phi Beta Sigma Fraternity, Inc.

Academic Verification Form

Request for Information

## AGREEMENT

I, \_\_\_\_\_ , \_\_\_\_\_ ,  
NAME Social Security #  
give my permission to the Registrar's Office of \_\_\_\_\_ to release my  
cumulative grade point average and credits to the members of the  
chapter of PHI BETA SIGMA FRATERNITY, INC.

Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

This form must be completed and submitted with the official student membership approval form to  
the appropriate university official.

PBS -5 REVISED (8/90) TOP COPY TO REGISTRARS OFFICE: 2ND COPY FOR NATIONAL OFFICE: 3RD COPY TO CHAPTER

THIS FORM MUST BE MAINTAINED IN THE CHAPTER FILES FOR 3 YEARS.