

Monday, August 10, 2009

Clayton State University
Department of Campus Life
2000 Clayton State Blvd
Morrow, Georgia 30260

University Registrar,

I, _____, Laker ID # _____
authorize **CLAYTON STATE UNIVERSITY** to release my semester
status, classification, semester and institution grade point average and
total # of completed credit hours to the Department of Campus Life for
the *2009-2010 Academic Year*. I am aware **CLAYTON STATE
UNIVERSITY** does not calculate and/or provide cumulative grade
point averages inclusive of other institutions reported grade point
averages.

I understand the purpose for this Information Release is to verify
eligibility and/or membership. I understand requests of my
information that do not regard eligibility and/or membership will be
denied. I understand if requested, the Department of Campus Life
may release my information to my organization's designated nationally
appointed Chapter Advisor _____.

If you have any questions, comments or concerns, contact:
_____ or _____.

Thank you,

Clayton State student

Cc: Elaine Manglitz, Division of Student Affairs
Cc: Natasha Hutson, Department of Campus Life