



## Organization Membership Roster Form

<b>Academic Year:</b>	
<b>Chapter/Organization:</b>	
<b>Total Number of Members:</b>	

MEMBERS'S NAME	SIGNATURE: I waive my rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit Southern University to release my academic information to my organization.	S-Number

We hereby declare that as of \_\_\_\_\_ (date), the individuals listed above are current members of our organization).

Chapter President	Signature	Date
Chapter Advisor	Signature	Date