

Release of Encumbrance of Records

_____ Chapter Name

Students Name: _____

M- Number _____

I attest that the release of this hold is authorized by the chapter.

_____ Signature of House Corporation Representative

_____ Date

_____ House Corporation Representative (Please Print)

Phone: _____

For Office Use Only:

Date of Encumbrance: _____

By Whom: _____

Date Hold Removed: _____

By Whom: _____

Removal of hold authorized by: _____

Date: _____