

PRAIRIE VIEW A&M UNIVERSITY
Office of Student Activities & Leadership
Prairie View, Texas

Organization Membership Release Form

Organization Name: _____

I hereby authorize, with my signature below, Prairie View A&M University and the Director of Student Activities or designee to review and/or verify all personal records (i.e. academic, financial, citizenry, etc.) relevant to requirements for membership in the above organization.

	Print Name	CWI #	Signature	Date
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