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Lynchburg College
Fraternity/Sorority Life

Initiation Eligibility Verification Form



Instructions: Please complete the form below listing, in alphabetical order, full legal name (no nicknames) and social security number of all prospective initiates. The form must be turned in to the Greek Advisor at least two weeks prior to the date of initiation. The form will be returned to you with a check mark indicating eligibility for initiation.

Chapter Name:

Today's Date:

Initiation Date:

Number of new members to be initiated:

Number of new members:

		To be completed by Greek Advisor	
		Eligible for Initiation	
Full Name (please type or print)	Social Security Number	YES	NO
1			
2			
3			
4			
5			
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