

SUNY-Plattsburgh Fraternity/Sorority Record of New Initiates

*Please list the names of those students who are to be initiated. This form must be turned in to the Center for Fraternity/Sorority Life, Angell College Center 204, **AT LEAST 72 hours PRIOR TO INITIATION.***

Fraternity/Sorority: _____

Date of Initiation: _____

1. _____
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