

CONTINUOUS OPEN BIDDING (COB) FORM

SORORITY _____ **SEMESTER** _____ **YEAR** _____

The signature below indicates that the potential sorority member has given her permission for her grades to be released to the appropriate DSU Greek Advisor, who then may release the GPA or grades to the sorority for recruitment purposes.

PRINT OR TYPE a list of potential sorority member(s) who attend your COB party. **LAST NAME FIRST. USE ONLY FULL NAMES - no nicknames.**

	<u>FULL NAME</u>	<u>SIGNATURE</u>	<u>DSU ID – 900#</u>	<u>Contact Number and E-mail Address</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

Your Name: _____

Cell Phone: _____