



Sorority Recruitment Information Form

Name: _____

Address: _____

Email: _____ Phone number: _____

Date of birth: _____

Parents'/guardians' names: _____

College/university planning to attend: _____

High school attended: _____

High school GPA: _____

College/university attended (if applicable): _____

College/university GPA (if applicable): _____

Interests: _____

Activities: _____

Honors: _____

I, _____, give permission to release this information to the

_____ Alumnae Panhellenic.

Signature: _____ Date: _____

Parent/guardian signature (if under 18): _____ Date: _____

