

DALLAS ALUMNAE PANHELLENIC INFORMATION FORM

Fall 2017 - Spring 2018

Please print with ballpoint pen. Do not use the back of this form. Do not attach additional pages, pictures, etc.

Name: _____
(First) (Middle) (Last)

Home Address _____
(Street) (City) (State) (Zip)

E-Mail Address _____ Phone Number _____ Date of Birth _____
(optional) (optional)

High School _____ City _____ Year Graduated _____ GPA _____

College you plan to attend _____
(if undecided, indicate your top 2 choices)

Previous College(s) attended, if any _____ Hrs. Completed _____ GPA: _____

Father's Name _____ Mother's Name _____
(including maiden name)

Address _____
(Street) (City) (State) (Zip)

I have provided the information above at my discretion to the Dallas Alumnae Panhellenic Association, to be released to member sororities as a rush information resource. No evaluation of any kind shall be made by the Dallas Alumnae Panhellenic Association on the basis of this data.

Signature _____ Date _____

PLEASE RETURN THIS FORM TO:

Dallas Alumnae Panhellenic Association, PO Box 12523, Dallas, Texas 75225