IMPORTANT:
The sorority asks members to please use the online recommendation and legacy introduction forms.

To learn more, please visit www.kappadelta.org/alumnae-life/recommendation-forms.

WHO CAN SEND:
Any alumna member in good standing may submit a recommendation form for a PNM. A collegiate member in good standing may submit a recommendation on a PNM who is going through recruitment at a different institution.

WHAT TO SEND:
- Completed recommendation form
- Legacy introduction form if applicable
- Photo
- Résumé if available
- Transcript if available

WHERE TO SEND:
Please send this recommendation form and attachments to the chapter address listed on the website at kappadelta.org/find-a-chapter.

WHEN TO SEND:
Send recommendations as early as possible. Some chapters may have a deadline for receipt of recommendations. Please visit the chapter website for more information. Find a chapter website at www.kappadelta.org/find-a-chapter.
IMPORTANT:
You must be a KD to submit a recommendation. Having a recommendation does not guarantee the PNM an invitation or membership. Recommendations offer a beneficial introduction to the chapter.

REMEMBER KAPPA DELTA AND NPC GUIDELINES
Alumnae and collegiate members must NOT contact members of the collegiate chapter to inquire about a PNM. Members should not expect to receive any information about the status of a specific potential new member nor expect to receive new-member list information. Please refer to the chapter’s website. Members are also prohibited from sending food or gifts in any form to the chapter on behalf of a PNM. BREAKING PANHELLENIC RULES MAY CAUSE THE CHAPTER TO BE PENALIZED.

CHAPTER USE
Once recommendations have been received, you are to:
1. Send acknowledgment to the alumna providing the recommendation via email or USPS if no email is provided.
2. Post list of new members on chapter website, if allowed.
3. Have your CAB SHRED/DESTROY recommendations after recruitment for those who pledged any group.
4. Please keep recommendations on file for PNMs not pledged to any group for COB.

RECOMMENDATION GIVEN BY: ______________________________ SIGNATURE ____________________________ DATE ____________

Phone Number ( ___) __________________________ Email ______________________________

Name ______________________________ FIRST ____________________________ MAIDEN ____________________________ LAST ______________________________

Address ______________________________ STREET NUMBER ____________________________ CITY ____________________________ STATE ____________________________ ZIP ______________________________

Chapter ______________________________

LOCAL ALUMNAAE CHAPTER ______________________________

Are you a member? Yes □ No □

Offices held ______________________________

Other Kappa Delta service ______________________________

OPTIONAL: ENDORSEMENT SUPPORTED BY ______________________________ ALUMNAAE CHAPTER ______________________________ RECOMMENDATION BOARD ______________________________

SIGNATURE OF SUPPORTING ALUMNAAE CHAPTER AND/OR RECOMMENDATION BOARD ____________________________ DATE ____________