



DELTA SIGMA THETA SORORITY, INCORPORATED
A Service Sorority Founded in 1913

APPLICANT’S WAIVER FORM
(Collegiate Applicants Only)

The collegiate applicant must complete this form if she wishes to waive providing information to her parents/guardians.

ALL PAGES MUST BE SUBMITTED WITH THE MEMBERSHIP APPLICATION PACKET.

Name: _____

Present Address: _____
Street

City/State/Zip Code

Telephone Number _____ Email Address _____

Permanent Address: _____
Street

City/State/Zip Code

WAIVER OF PROVIDING INFORMATION TO PARENTS OR GUARDIANS

I understand that Delta wishes to inform my parents/guardians that I am interested in participating in Delta's membership intake process. Delta wishes to provide this notice so that my parents/guardians are aware that, for me to become a member of Delta, I am not required to participate in any form of hazing, and to inform my parents/guardians that they should report any knowledge or suspicion of hazing to designated Delta officials, to my college or university Dean or Greek Life official, and/or to law enforcement officials.

The designated Delta official is the Regional Director:

Central Region	centralrd@deltasigmatheta.org
Eastern Region	easternrd@deltasigmatheta.org
Farwest Region	farwestrd@deltasigmatheta.org
Midwest Region	midwestrd@deltasigmatheta.org
South Atlantic Region	southatlanticrd@deltasigmatheta.org
Southern Region	southernrd@deltasigmatheta.org
Southwest Region	southwestrd@deltasigmatheta.org

I do not wish my parents/guardians to receive such information.

By signing below, I agree that I waive the right to have my parents ___ guardians ___ [check appropriate box] receive information such as that described above. I do not agree to provide my parents ___ guardians ___ [check appropriate box] with the Parents/Guardians Acknowledgment Form that is a part of my application packet.

Name of Applicant: _____

Signature of Applicant (digital): _____

Date [Month Day Year]: _____

Intended Chapter of Initiation: _____