

Kappa Alpha Psi Fraternity, Inc.



Historical Archives Program Request Form

Name			
Address			
City		State	
		Zip	
(Phone: Home)		(Phone: Cellular)	
Email Address			
Chapter of Initiation		Year of Initiation	
Current Chapter Affiliation			

In the next sections, please note the items you'd like to donate and/or will. Check item and choose quantity.

**PARAPHERNALIA**

**Clothing Items**

Letterman's Jacket  Qty 1   Letterman's Sweater  Qty 1   Crossing Jacket  Qty 1

Other Clothing Items  Qty 1 Describe:

Other Clothing Items  Qty 1 Describe:

**Crossing Items**

Paddles  Qty 1   Bricks  Qty 1   Pledge Books  Qty 1

Other Crossing Items  Qty 1 Describe:

Other Crossing Items  Qty 1 Describe:

**Jewelry (Personal)**

Rings  Qty 1   Watches  Qty 1   Charms  Qty 1

Other Personal Jewelry  Qty 1 Describe:

Other Personal Jewelry  Qty 1 Describe:

# Kappa Alpha Psi Fraternity, Inc.



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### PARAPHERNALIA (continued)

#### Jewelry (Issued by Fraternity)

Life Membership Pin   
Qty 1

Fraternity Badge   
Qty 1

25-Year Pin   
Qty 1

50-Year Pin   
Qty 1

Other Fraternity-Issued Jewelry  Qty 1 Describe:

Other Fraternity-Issued Jewelry  Qty 1 Describe:

#### Fraternity Issued Insignia

Polemarch's Badge  Qty 1

Other Insignia  Qty 1 Describe:

Other Insignia  Qty 1 Describe:

### DOCUMENTS

Initiation Certificate  Qty 1

Grand Chapter Award Certificate  Qty 1

Photographs  Qty 1 Describe

Fraternity Publications (i.e., *"The Story of Kappa Alpha Psi"*, *"Crossing the Jordan and Beyond"*, *"The 1928 Handbook of Kappa Alpha Psi"*, *"The Scroller's / MOIP Manual"*, Constitution & Statutes, *"The Journal"*, *"The Confidential Bulletin"*, etc.)  Qty 1  
Describe

Esoteric Materials (i.e., copies of The Creed, The Ritual, etc.)  Qty 1  
Describe

Other Documents  Qty 1 Describe:

Other Documents  Qty 1 Describe:

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**DESIGNATION FOR ITEMS TO BE DONATED AND/OR WILLED**

Please indicate below your designation for the items listed in the previous sections: (use the drop down list below):

I would like to  the items listed above

**If donation is chosen, please list who the items should be donated to.**  
You may choose one or more designations from the drop down lists below. If more than one selection is made, describe which items each designee should get:

None

None

None

None

**If will is chosen, please list below who the items are being willed to:**

**Name**

**Address**

**City**  **State**  **Zip**

**(Phone: Home)**  **(Phone: Cellular)**

**Email Address**

**Kappa Alpha Psi Fraternity, Inc.**



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**EMERGENCY CONTACT**

Name

Address

City

State

Zip

(Phone: Home)

(Phone: Cellular)

Email Address

**HISTORIAN RECOVERING ITEM(S)**

Name

Chapter / Province

Date Item(s) Recovered

Location Where Item(s)  
are Stored