

NAME: (Print name as listed on Social Security Card)

DATE OF BIRTH:

Prefix	First	Middle	Last	Suffix	
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SEX: M F **MARITAL STATUS:** Single Separated Divorced Married Widowed

RACE: White, Non-Hispanic African-American Native American / Alaskan Native
 Asian / Pacific Islander Hispanic / Latino Multi-Racial Other

VETERAN STATUS: I am a veteran I am not a veteran
(Check all that apply) Vietnam era veteran Disabled Vietnam era veteran
 Non-Vietnam era veteran Disabled non-Vietnam era veteran

*Veterans should provide a certified copy of their DD-214 / Discharge Form to verify military service. Accurate reporting of veteran status is required for the University to comply with the VETS-100 federal program.

STATEMENT OF SELECTIVE SERVICE REGISTRATION COMPLIANCE

(Check A or B)

A. I certify that I am not required to be registered with the Selective Service because:

(Check one)

- I am female
- I am in the armed services on active duty (Note: Members of the Reserves and National Guard are not considered on active duty)
- I am under the age of eighteen (18) years
- I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands.

B. I certify that I am registered with the Selective Service

Signature _____

Date _____

CONTACT INFORMATION: (Complete ONLY if information submitted on application has changed)

ADDRESS

CITY	STATE	ZIP	COUNTY
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PRIMARY PHONE	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other	SECONDARY PHONE	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other
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E-MAIL

EMERGENCY CONTACT INFORMATION ON ATTACHED PAGE