ETHNICITY/RACE FORM

The information requested on this form is required to comply with requirements for a Federal report. Please complete this form and return.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_

Select the Ethnicity

\_\_\_ Hispanic or Latino

\_\_\_ Non-Hispanic or Latino

Select the Race

\_\_\_ Asian

\_\_\_ Black

\_\_\_ Native American/ Alaskan Native

\_\_\_ Pacific Islander/Native Hawaiian

\_\_\_ White