



Student Information Form

Email address: _____

First Name _____ Middle Initial _____ Last Name _____

SSN: _____ Birth date _____

Home Address _____ Phone # _____

City _____ State _____ Zip _____

Ethnicity (circle one): White-Non Hispanic Black/African American Hispanic/Latino

Hawaiian/Pacific Islander American Indian/Alaska Native Asian

(Check one) Male _____ Female _____

Name of School _____

Name of Program (i.e. Nursing, Lab Tech) _____