



It is our desire to voluntarily comply with the federal regulations that govern identification of members of all protected groups.

If you are a member of one of the groups listed below, and are willing to so identify yourself, please check all appropriate boxes. Please sign in the space provided. All information provided in conjunction with this identification process will be retained in confidence and will be used only in accordance with federal regulations. Your participation is voluntary. Accordingly, failure to provide this information will not result in an adverse treatment.

Are you Hispanic or Latino?

Yes       No

American Indian or Alaskan Native

Male

Asian

Female

Black or African American

Native Hawaiian

Disabled Veteran

Other Pacific Islander

Recently Separated Veteran

Two or more Races (If identifying as two or more races please identify all applicable races)

Armed Forces Service Medal Veteran

White

Other Protected Veteran

I choose not to self identify

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_