

# GENERAL INFORMATION FORM

PLEASE PRINT and Complete Entire Form (BOTH sides).

**Student Information:**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Student ID: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Projected Grad Date: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Local Address: \_\_\_\_\_  
 (if different from above) \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

**Person to Contact in case of an Emergency:**

Name: \_\_\_\_\_  Parent  Spouse  Other: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Please check:**

Gender	Ethnicity and Race	Marital Status (optional)	Religion (optional)
<input type="checkbox"/> Female	Do you consider yourself to be of Hispanic/ Latino ethnicity?	<input type="checkbox"/> Single	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Male	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Married	<input type="checkbox"/> Christian
	Which of the following race(s) best describe you (check all that apply)?	<input type="checkbox"/> Divorced	<input type="checkbox"/> Hindu
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Jewish
	<input type="checkbox"/> Asian		<input type="checkbox"/> Muslim
	<input type="checkbox"/> Black or African American		<input type="checkbox"/> Protestant
	<input type="checkbox"/> Pacific Islander		<input type="checkbox"/> Roman Catholic
	<input type="checkbox"/> White		<input type="checkbox"/> No religious preference
			<input type="checkbox"/> Other: _____

Will you be receiving benefits through the veteran's administration?  YES  NO

If YES, are you a veteran?  YES  NO

Will you be receiving veteran's benefits through a parent or spouse?  YES  NO

Student **Signature:** ..... Date: \_\_\_\_\_

**Registrar use ONLY:**

Date: \_\_\_\_\_ Processor: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION (FERPA\*)**

\_\_\_\_\_  
**STUDENT NAME** (Please Print)

\_\_\_\_\_  
**Student Number**

**I wish to release the following information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To the following individuals:**

\_\_\_\_\_  
**Name (Please Print)** **Relationship to Student**

\_\_\_\_\_  
**Name (Please Print)** **Relationship to Student**

\_\_\_\_\_  
**Name (Please Print)** **Relationship to Student**

**Purpose for Such Release:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*\*\*\*THIS RELEASE WILL REMAIN IN EFFECT UNLESS THE STUDENT NOTIFIES OFFICE OF THE REGISTRAR IN WRITING TO CANCEL IT.

\* The Family Educational Rights and Privacy Act of 1974 (FERPA) requires a student's written consent in order for an educational institution to release confidential student records to another party, except under the limited exceptions in FERPA permitting release without consent.

**Registrar use ONLY:**  
Date: \_\_\_\_\_ Processor: \_\_\_\_\_  
updated DJIS 10-1-15