

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: _____

updated DJ3 10-1-15

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: _____