

NAME: _____ **DATE:** _____
(please print)

ETHNICITY: Do you consider yourself to be Hispanic/Latino? Yes No

RACE: In addition, select one or more of the following racial categories to describe yourself.

- | | | | |
|-----------------------------------|--------------------------|---|--------------------------|
| Black or African American | <input type="checkbox"/> | Asian | <input type="checkbox"/> |
| American Indian or Alaskan Native | <input type="checkbox"/> | Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> |
| White | <input type="checkbox"/> | I do not wish to report | <input type="checkbox"/> |