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 □
- American Indian or Alaskan Native □
- White □
- Asian □
- Native Hawaiian or Other Pacific Islander □
- I do not wish to report □