

ETHNICITY ADD/CHANGE FORM

NAME _____	ID# _____		
E-mail _____	Phone# _____		
HOME ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____

Ethnicity Change Questionnaire & Disclosure

Are you Hispanic or Latino?

Yes No

What is your race (choose one or more)?

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White | |

Racial or ethnic subgroup: _____

By my signature below, I hereby request that Lincoln College use the answers to the above questions to report my ethnicity.

Signature _____ **Date** _____

Please return this form to the Office of the Registrar