NATIONAL LOUIS UNIVERSITY

ACCESS. INNOVATION. EXCELLENCE.

PERSONAL INFORMATION SHEET

(THIS FORM MUST BE COMPELTED IN ITS ENTIRETY)

_____ _____ _____

FULL NAME PREFERRED NAME SOCIAL SECURITY #

_____ _____ _____ _____

ADDRESS (DO NOT USE A P.O. BOX) CITY STATE ZIP CODE

_____ _____ _____ _____

HOME PHONE GENDER DATE OF BIRTH EMAIL ADDRESS

MARITAL STATUS: ☐ SINGLE ☐ MARRIED

ETHNICITY: ☐ HISPANIC OR LATINO ☐ NOT HISPANIC OR LATINO

RACE (CHECK ALL THAT APPLY):

☐ AMERICAN INDIAN ☐ ASIAN OR OTHER PACIFIC ISLANDER ☐ BLACK OR AFRICAN AMERICAN ☐ NATIVE HAWAIIAN OR ALASKAN NATIVE ☐ WHITE

VETERAN STATUS

☐ ARMED FORCES SERVICE MEDAL VETERAN
☐ SPECIAL DISABLED VETERAN
☐ RECENTLY SEPARATED VETERAN (PLEASE INDICATE DATEOF SEPARATION) _____
☐ OTHER PROTECTED VETERAN (INCLUDING VIETMAN ERA VETERAN)
☐ NOT A VETERAN

EMERGENCY CONTACT INFORMATION (REQUIRED)

_____ _____

NAME RELATIONSHIP

_____ _____ _____ _____

ADDRESS CITY STATE ZIP CODE

_____

DAYTIME PHONE
