



# Biographical Data Sheet

Title: Ms. Mr. Dr. (circle one)

LAST NAME	FIRST	MIDDLE INITIAL	E-MAIL ADDRESS

Are you a Naropa degree-seeking student? Yes  No

IF YES, PROGRAM & MAJOR

STUDENT ID #	SOCIAL SECURITY #

Local Address						
	ADDRESS			City	State	ZIP CODE

		ATTENTION: IF YOU WISH TO HAVE YOUR BILLS SENT TO AN ADDRESS OTHER THAN THE LOCAL ADDRESS LISTED, PLEASE CONTACT THE TUITION CAHSIER IN STUDENT ADMIN. SERVCIES 303-546-3500
AREA CODE/TELEPHONE		

What do you consider your permanent residence?	
	ADDRESS

CITY	STATE	ZIP CODE	COUNTRY

Birthdate:  Gender: M  F  I choose not to respond

Marital Status: Single  Married  Widowed  Divorced  I choose not to respond

**Racial/Ethnic Survey**  
**FOR US RESIDENTS ONLY**  
 This information is used for government reports and Naropa's compliance with the 1964 Civil Rights Act

Hispanic or Chicano <input type="checkbox"/>	Black or African-American <input type="checkbox"/>	American Indian or Alaskan Native <input type="checkbox"/>	Other <input type="checkbox"/>
Asian or Pacific Islander <input type="checkbox"/>	White or Euro-American <input type="checkbox"/>	Multi-Racial <input type="checkbox"/>	I choose not to respond <input type="checkbox"/>

## Contact & Emergency Information:

Check appropriate box: Parent Information  Emergency Contact

RELATIONSHIP TO STUDENT

NAME	AREA CODE	TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE

Check appropriate box: Parent Information  Emergency Contact

RELATIONSHIP TO STUDENT

NAME	AREA CODE	TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE