



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

STUDENT ID #	SOCIAL SECURITY #
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Local Address	ADDRESS		City	State	ZIP CODE
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AREA CODE/TELEPHONE	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
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What do you consider your permanent residence?

CITY	STATE	ZIP CODE	COUNTRY
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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

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NAME	AREA CODE	TELEPHONE
ADDRESS	CITY	STATE ZIP CODE