

DUTCHESS COMMUNITY COLLEGE

Basic Student Demographic Form

Student: Please use this form to obtain an A number (student identification number) when directed.

The information provided here will be kept confidential. All data are reported in aggregate form; individual students are not identifiable in reports to outside agencies. Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to provide information and describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following questions:

1. Name _____
(As it appears on social security card) LAST FIRST MIDDLE

2. Other Name(s) (maiden, former) _____

3. Date of Birth ____/____/____

4. Social Security Number ____--____--____

5. If you are under 21 years of age, parent(s) name(s) _____

6. Permanent Address: _____
STREET

CITY STATE ZIP CODE COUNTY
(Office use: Enter as PR type ONLY if the mailing address below is completed. Otherwise use MA type)

Mailing Address: _____
(If different from permanent address – otherwise we will send your mail to your permanent address.)

Home Phone _____ E-mail _____

7. Gender: Male Female

8. Are you a U.S. citizen? Yes No

If no, country of citizenship _____

If no, what is your visa type _____

9. Is English your first language? Yes No

If no, what is your first language? _____

10. Are you Hispanic/Latino? Yes No

If Hispanic/Latino, is your background (select one): Central American Dominican
 Mexican Puerto Rican South American Other Hispanic/Latino

11. Is your race (select one or more): American Indian or Alaskan Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander White
12. Did you complete Dutchess Community College courses in your high school? Yes No
13. Are you a part-time Early Admissions high school student? Yes No
14. Are you currently being home schooled? Yes No
15. High School:

 NAME

 STREET ADDRESS

 CITY STATE ZIP CODE

16. Did you graduate or will you graduate from high school? Yes No

If no, did you withdraw and/or complete the GED? (check only one) Withdrawal GED

17. Enter date (or anticipated date) of graduation, withdrawal or completion of GED: ___/___/___

18. Complete the information below for all post-secondary institutions you have attended:

COLLEGE NAME	CITY/STATE	DATES ATTENDED/DEGREE AWARDED

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19. Military status (if applicable): Active Military Duty Dependent of Active Duty Veteran
 National Guard or Active Reserve

20. Have you ever been convicted of a felony? Yes No

If yes, please obtain and submit a certified copy of your statewide criminal history background in a sealed envelope marked "Confidential" to the DCC Security Office in Orcutt SSC Room 114.

Signature _____ Date _____

Student: Please return this form to the Registrar's Office in person or by mail, e-mail or fax:
 Dutchess Community College, Student Services Center 201, 53 Pendell Road, Poughkeepsie, NY 12601
 E-mail registrar@sunydutchess.edu; fax (845) 431-8983; phone (845) 431-8020

Office use: 'A' number assigned or provided: A _____ Confidential; to be imaged and shredded immediately. Data entry initials _____
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