

Background Study Information Form

Please fill out each blank. Items marked with an asterisk (*) are optional. All other information is required.

1. LAST, FIRST, MIDDLE NAME (please print):

2. OTHER FIRST NAMES YOU HAVE USED (please print)

3. OTHER LAST NAMES YOU HAVE USED (please print)

4. BIRTHDATE ____/____/____

5. SOCIAL SECURITY NUMBER * ____ - ____ - ____

6. ADDRESS: _____

7. MN DRIVERS LICENSE/ MN STATE ID (if any)

8. TELEPHONE * _____

9. GENDER _____ MALE _____ FEMALE

10. RACE * _____ ASIAN
_____ PAC. ISLANDER
_____ AFRICAN AMERICAN
_____ NATIVE AMERICAN
_____ CAUCASIAN
_____ UNK/OTHER

Results of this Study will be mailed to:
Mikenzie Hebel, Administrator
312 NE 1st St
P.O. Box 477
New Richland, MN 56072