

# Race and National Origin Identification

(Please read the instructions and Privacy Act Statement before completing form.)

Agency Use Only	Name (Last, First, Middle Initial)	Birthdate (Month & Year)
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## Privacy Act Statement and Paperwork Reduction Act Notice

You are requested to furnish this information under the authority of 42 U.S.C. §2000e-16, which requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting."

This information will be used in planning and monitoring equal employment opportunity programs and to identify employees for inclusion in skill banks and referral pools.

Your furnishing this information is voluntary. Your failure to do so will have no effect on you or on your Federal employment. If you fail to provide this information, however, then the employing agency will attempt to

identify your race and national origin by visual perception.

You are requested to furnish your Social Security Number (SSN) under the authority of Executive Order 9397 (November 22, 1943). That Order requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Because your personnel records are identified by your SSN, your SSN is being requested on this form so that the other information you furnish on this form can be accurately included with your records. Your SSN will be used solely for that purpose. Your furnishing of your SSN is voluntary and failure to furnish it will have no effect on you; failure to provide it, however, may result in it being obtained from other agency sources.

(Continued on Reverse)

**Specific Instructions:** The categories below are designed to identify your basic racial and national origin category. If you are of mixed racial and/or national

origin, identify yourself by the category with which you most closely identify yourself. Darken the oval next to the appropriate category. NOTE: Mark only one oval.

**DO NOT FOLD STAPLE, TEAR OR PAPER CLIP THIS FORM.  
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM.**

This form can be processed only if you:

- 1) Use a number 2 lead pencil.
- 2) Completely blacken the oval corresponding to your response choice.
- 3) Completely erase any mistakes or stray marks.

**WRITE YOUR RESPONSES IN THE BOXES AND BLACKEN THE APPROPRIATE OVALS.**

EXAMPLES			
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<input type="radio"/> FEB	<input checked="" type="radio"/> This year	<input checked="" type="radio"/>	<input type="radio"/>
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SOCIAL SECURITY NUMBER	NAME OF CATEGORY (Mark ONE Only)	DEFINITION OF CATEGORY																																																																																																														
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**Privacy Act Statement and Paperwork Reduction Act Notice (continued)**

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: 3 minutes. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the form to this address. Instead, return it to the Internal Revenue Service Center personnel office that has been designated for your use.

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