



College Student Data Form

Each student team member must complete/submit this form in order to participate in the event.

*Required Fields.

Advisor Name: School:

Team Name:

*Last Name: *First Name: *Middle
School Address: Zip: City: State
Country: USA Phone

Participant Characteristics:

*Gender: Male Female *U.S. Citizen: Yes No

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check all that apply):

- American Indian or Alaska Native
Native Hawaiian or other Pacific Islander
Asian
White
Black or African American

Please specify any special physical, medical, or dietary needs you have to enable NASA to provide proper facilities, services and nutrition. (300 characters)

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 2700-0157 and this information collection expires on MM/DD/YEAR. We estimate that it will take 3.5 minutes to read the instructions, gather the facts and answer the questions. Send only comments relating to our time estimate to: HQ-OEIDAdmin1@mail.nasa.gov.

NASA Privacy Statement

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MSFC Form 4607 (November 2012)

Previous Versions Obsolete

Clear Submit

Table with NASA logo and contact information: NASA Contact: Jeff Ehmen, Project Manager: Diedra Williams, Curator: Susanna Litkenhous, NASA Privacy Statement | NASA Safety Reporting System