Attachment A: Contact Information Update

Please confirm the spelling of your name:

This voluntary collection of information is being collected under OMB Control Number 1220-0157 (Expiration: 3/31/2019). Without this currently approved number we could not collect this information. These questions should take only 1 minute. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002, the Privacy Act, and other applicable Federal laws, the Bureau of Labor Statistics, its employees and agents, will, to the full extent permitted by law, use the information you provide for statistical purposes only, will hold your responses in confidence, and will not disclose them in identifiable form without your informed consent.

	1 0 /
FirstNam	First
MiddleNm	Middle
LastName	Last
Please provide your contact information: (Is this address outside of the No I Yes	
US?	
addrLin1	Address Line 1
addrLin2	Address Line 2
Unit	Unit/Apt:
City	City/Town
State	State/Province
ZipCode	Zip/Postal Code
Country	Country (if outside of US):
Homephon	Landline Phone:
Cellphon	Cell Phone:
Workphon	Work Phone:
Email	Email Address:

Thank you screen: Thank you for taking the time to update your contact information. We will be in touch with you again in the Fall of 2019 for your next interview!

If you have any question or concerns about the questions you just answered or the NLSY97 study in general, please contact us at xxx-xxx-xxxx or email us at xxxx@norc.org.