

Please answer the following request for demographic information. This information will only be used for statistical purposes. Providing this information is voluntary.

Personal Information (optional):

Date Of Birth: (MM/DD/YYYY) Gender:

What is your race? (Check one or more)

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

Do you consider yourself to be Hispanic or Latino? (Check only one)

- Yes
- No