

DUTCHESS COMMUNITY COLLEGE

Basic Student Demographic Form

Student: Please use this form to obtain an A number (student identification number) when directed.

The information provided here will be kept confidential. All data are reported in aggregate form; individual students are not identifiable in reports to outside agencies. Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to provide information and describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following questions:

Name (Last): _____ (First): _____ (Middle): _____
(As it appears on social security card)

Other Name(s) (maiden, former): _____

Date of Birth: ____/____/____ Social Security Number: ____--____--____

If you are under 21 years of age, parent(s) name(s): _____

Permanent Address: _____
STREET ADDRESS

CITY STATE ZIP CODE COUNTY

(Office use: Enter as PR type ONLY if the mailing address below is completed. Otherwise use MA type)

Mailing Address: _____
If different from permanent address – otherwise we will send your mail to your permanent address.)

Home Phone: _____ Cell Phone: _____ E-mail: _____

Legal Sex: Male Female X or Another Legal Sex
Gender: Male Female Non-Binary Other: _____
Pronoun He/Him She/Her They/Them Other: _____

Are you a U.S. citizen? Yes No

If no, country of citizenship _____

If no, what is your visa type _____

Is English your first language? Yes No

If no, what is your first language? _____

Are you Hispanic/Latino? Yes No

If Hispanic/Latino, is your background (select one):

Central American Dominican Mexican
 Puerto Rican South American Other Hispanic / Latino

Is your race (select one or more):

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

Did you complete Dutchess Community College courses in your high school? Yes No

Are you a part-time Early Admissions high school student? Yes No

Are you currently being home schooled? Yes No

High School:

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Did you graduate or will you graduate from high school? Yes No

If no, did you withdraw and/or complete the GED? (check only one) Withdrawal GED

Enter date (or anticipated date) of graduation, withdrawal or completion of GED: ____/____/____

Complete the information below for all post-secondary institutions you have attended:

COLLEGE NAME CITY/STATE DATES ATTENDED/DEGREE AWARDED

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Military status (if applicable):

- Active Military Duty Dependent of Active Duty Veteran National Guard or Active Reserve

Signature _____ Date _____

Student: Please return this form to the Registrar's Office in person or by mail, e-mail or fax:
Dutchess Community College, Student Services Center 201, 53 Pendell Road, Poughkeepsie, NY 12601
E-mail registrar@sunydutchess.edu; fax (845) 431-8983; phone (845) 431-8020

Office use: 'A' number assigned or provided: A _____ Confidential; to be imaged and shredded immediately. Data entry initials _____
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