

# Voluntary Self-Identification Data Sheet

Please check all choices that correspond to the group(s) of which you consider yourself a member. This information is optional and is used for statistical purposes. Thank you in advance for your cooperation.

**Legal Sex:**

Male

Female

X

**Gender (check all that apply):**

Male

Female

Transgender

Additional information, if any (max. 100 characters):

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Other

Additional information, if any (max. 100 characters):

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Prefer not to answer

**Date of Birth:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_

**Ethnicity (check all that apply):**

American Indian or Alaska Native (not Hispanic or Latino/a/x)

Asian (not Hispanic or Latino/a/x)

Black or African American (not Hispanic or Latino/a/x)

Hispanic or Latino/a/x

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino/a/x)

White (not Hispanic or Latino/a/x)

I prefer not to answer

**Disability Status:**

Yes, I have a Disability (or have a history/record of having a Disability)

No, I do not have a Disability (or a history/record of having a Disability)

I prefer not to answer

**Veteran Status:**

Yes, I am a Veteran

No, I am not a Veteran

I prefer not to answer

**Veteran Classification (check all that apply):**

*I belong to the following classification(s) of Protected Veterans:*

Veteran with a Disability

Recently Separated Veteran

Active Wartime or Campaign Badge Veteran

Armed Forces Service Medal Veteran

I prefer not to answer