

HARVEY MUDD COLLEGE BIOGRAPHICAL INFORMATION UPDATE FORM

Name: _____ ID: _____

Please indicate new or changed information **only** below. Unchanged areas may be left blank

Last Name: _____ First Name: _____

Middle Name: _____ Preferred First Name: _____

Social Security No.: _____ Birth Date: _____ Male _____ Female _____

Home/Permanent Street Address: _____ Phone: _____

Home/Permanent City, State, Zip: _____

Ethnicity (for external reporting)
(Select One From Below)

White _____
Black _____
Hispanic _____
Asian _____
Native American _____
Unknown/Other _____

Self Reported Ethnicities
(Select One or More Below)

_____ African/African American/Black
_____ Native American
_____ White/Caucasian
_____ Middle Eastern
_____ Native American/Native Alaskan
_____ Asian/Asian American/Pacific Islander

Citizenship if other than US:

Visa Type: _____

_____ Hispanic/Latino/Chicano
_____ North African
_____ Multi-racial
_____ Undeclared

In case of emergency, notify:

Contact #1 Name: _____ Phone: _____

Street Address: _____

City/State/Zip _____

Contact #2 Name: _____ Phone: _____

Street Address: _____

City/State/Zip _____

Contact #3 Name: _____ Phone: _____

Street Address: _____

City/State/Zip _____

(Optional) Do you wear a Medic Alert tag? If yes, please explain, listing medications you need.

Please list skills you have that may be useful in the aftermath of a disaster (First Aid, CPR, Search and Rescue Training, First Responder Training, etc.)

Student's Local Street Address (if not living on campus)

Local Street Address: _____

Local City/State/Zip: _____

Local Off-Campus Phone: _____ Cell: _____

Signature: _____ **Date:** _____