­ **Data Request Sheet**

**Name as it is on Social Security Card:**

**Social Security Number:**

**Address:**

**City, State, Zip:**

**County:**

**Primary Phone:**

**Email Address:**

**Date of Birth:**

**Date of Hire:**

**Department/Practice:**

**Gender:**  Male  Female

**Education Level:**  Bachelor’s  Some Graduate School  Masters  Doctorate

Post Doctorate  MD, DDS, JD, DO  Diploma Nursing

**Ethnic Group:** American Indian/Alaskan Native  Asian  Black/African American  Hispanic/Latino

Not Specified  Native Hawaiian/Other Pac Islander  Other  White

**Military Status:**  No Military Service  Active Reserves  Inactive Reserves

Not a Vietnam-Era Veteran  Not Indicated  Other Protected Veteran

Post Vietnam-Era Veteran  Pre-Vietnam-Era Veteran  Retired Military

Veteran (VA Ineligible)  Vietnam & Other Protected Vet  Vietnam-Era Veteran

**Job Class:**  MD  DO  Chiropractor  Dentist  Administrator  Attorney

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**For Physicians Only:**

**Residency Completion Date:**

**Specialty/SubSpecialty:**