­ **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:**