

STUDENT DATA COLLECTION WORKSHEET FOR
MINNESOTA DEPARTMENT OF HEALTH SERVICES
BACKGROUND STUDIES

PLEASE PRINT LEGIBLY

You must provide a copy of your driver's license or an acceptable form of identification that will be attached to this form along with \$20.00. Items marked with an asterisk (*) are required.

Student ID _____ **Program** _____

*First Name	SSN (Must be provided if background check needs to be transferrable)
Middle Name	*Date of Birth
*Last Name	*Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Unknown
Suffix	*Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
*Permanent/Physical Address	*Eye Color
*Address	*Hair Color
*City	*Height
*State	*Weight
*Zip Code	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
County	*State you were born in
*Provide mailing address if different than permanent address	Phone
Address/City/State/Zip Code	Phone Type
*Prior Names and Aliases <input type="checkbox"/> Check here if you have never been known by any other name (includes maiden, married, name changes, any other name you are known by)	Secondary Phone
Other First Names	Secondary Phone Type
Other Last Names	WITC Email

* Check the box if you have lived in the state of Minnesota for the past five years.

List the name and dates of the states that you have lived in outside of Minnesota in the past five years.

City	State	Year From	Year To

By signing below, I acknowledge that I have received the following documents and have provided WITC with an acceptable form of ID:

- MN DHS Background Study Notice of Privacy Practices
- MN DHS Acceptable Forms of Identification for DHS Background Studies
- Fingerprint and Photo Information for DHS Background Study Subject

Signature _____

Date _____