Office of Registration & Records Confluence - Room 114 Campus Box 201 P.O. Box 173363 Denver, CO 80217 Fax: 303-556-2431 Phone: 303-556-2420 Email: ccd.orr@ccd.edu



ETHNICITY AND RACE DATA COLLECTION

First Name:	M.I.:
Last Name:	
SID#:	Phone#:
Email:	@student.cccs.edu
Note: Your off	al CCD email account is the only email CCD will accept for correspondence.

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student Signature: _____ Date: _____

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities to describe the ethnic/racial backgrounds of our students and employees. In order to respond to these requests and to better serve you, please answer the following two questions:

Do you consider yourself to be Hispanic/Latino?

___ Yes ___ No

In addition, select one or more of the following racial categories to describe yourself:

	American	Indian	or	Alaska	Native
_					

Asian

- Black or African American
- Native Hawaiian or Pacific Islander
- White

INTERNAL USE ONLY

Date:

Processed by: _____

Date: