

MINNESOTA DEPARTMENT OF HUMAN SERVICES

Background Study Form Information

PLEASE PRINT CLEARLY!!!!

First Name Middle Name Last Name

Date of Birth (mm/dd/yyyy) Gender (M or F) MN Driver's License # only (if applicable)

Ethnicity: Asian ___ Pacific Islander ___ African American ___
Native American ___ Caucasian ___ Hispanic/Latino ___
Two or More Races ___ Unknown/Other ___

Social Security # (optional)

Phone # (including area code)

Home Address: _____

City: _____ State: _____ Zip: _____

Other First Names you have used

Other Last Names you have used

Email Address

Warrior ID #

Signature

Date

Indicate your classification

(effective Fall 2011):

- DNP
- Master's
- RN Completion Option
- Rochester Senior
- Rochester Junior
- Winona Term 1
- Winona Term 2
- Winona Term 3
- Winona Term 4
- Faculty

Return by August 5 to:

Office of the Dean
College of Nursing & Health Sciences
Winona State University
P.O. Box 5838, Stark 301
Winona, MN 55987

Or fax: 507-457-5550

OVER →

