

# COLUMBIA COLLEGE HOLLYWOOD

## NEW STUDENT DISCLOSURES

### STUDENT CONTACT INFORMATION

**PLEASE PRINT:**

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ENROLLING (*circle one:*) FULL-TIME / PART-TIME GENDER: \_\_\_\_\_

PREVIOUS EDUCATION: (*circle one:*) HIGH SCHOOL / COLLEGE HS GRAD YEAR: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

LOCAL/CURRENT ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

PERMANENT (HOMETOWN) ADDRESS (*if different from local/current address*):  
\_\_\_\_\_  
\_\_\_\_\_

ETHNICITY:  
*Please voluntarily self-identify your race/ethnicity. This information will be kept confidential and will only be summarized and reported to the federal government when required by law.*

Are you Hispanic or Latino? (*circle one:*) YES / NO

*Check one that best describes you:*

- |                                                       |                                                                 |
|-------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> ASIAN                        | <input type="checkbox"/> NONRESIDENT ALIEN (TEMP/VISA)          |
| <input type="checkbox"/> BLACK OR AFRICAN AMERICAN    | <input type="checkbox"/> TWO OR MORE RACES/ETHNICITIES          |
| <input type="checkbox"/> HISPANIC OR LATINO           | <input type="checkbox"/> WHITE                                  |
| <input type="checkbox"/> NATIVE AMERICAN / INDIGENOUS | <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER |
| <input type="checkbox"/> DECLINE TO STATE             |                                                                 |

EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_