

Disability Status	<input type="checkbox"/> Yes, I have a disability (or previously had a disability) <input type="checkbox"/> No, I don't have a disability <input type="checkbox"/> I don't wish to answer
Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran Types	<input type="checkbox"/> Active Duty Wartime or Campaign Badge Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Armed Forces Service Medal Vet
Military Status: (select one or more)	<input type="checkbox"/> None <input type="checkbox"/> Active Reserve <input type="checkbox"/> National Guard Active <input type="checkbox"/> Active Military Duty
Military Separation Date (if applicable)	_____ MM/DD/YYYY

Highest Education Level:

<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree
<input type="checkbox"/> Less Than High School <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> High School, some additional training
<input type="checkbox"/> Professional Degree <input type="checkbox"/> Some Graduate Work <input type="checkbox"/> Technical School
Degree Award Date: _____ Specialization: _____
Country Degree Obtained: <input type="checkbox"/> US <input type="checkbox"/> Other: _____
University City: _____
University State: _____
University Name: _____
<p style="text-align: center;">*Your transcript must be provided to your Human Resources Office along with this form</p>
Please check all that apply: <input type="checkbox"/> Highest Degree
<input type="checkbox"/> Pending Degree- Expected Completion Date: _____ MM/DD/YYYY
<input type="checkbox"/> Terminal Degree

By signing below, I am authorizing the HR office to make the noted changes to my personnel record. I understand that depending on the change being requested, additional action and/or documentation may be required prior to the changes being made.

Signature Date

*Completed form should be sent to your Human Resources Office.