



### MN Department of Human Services Background Study Data Form

1. Complete this form thoroughly
  - o *The information must match exactly to your Photo ID*
2. Print out form and submit with appropriate documentation to M State Student Services
  - o *Attach photo copy of Current State ID, Military ID or Passport*

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Program: \_\_\_\_\_ Course: \_\_\_\_\_  
(Ex. NURS 1415 Nursing Clinical I)

Address: \_\_\_\_\_

CITY: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_

M State Email Address: \_\_\_\_\_@my.minnesota.edu  
(Ex: jane\_doe@my.minnesota.edu or commons names jane\_smith2@my.minneosta.edu)

\*Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

(\*providing the SSN is not required, but failure to do so will likely result in a repeat proof of photo ID and fingerprinting for a future MDH background study)

Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In. Weight: \_\_\_\_\_ (pounds) Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

List **ALL** previous Names or Aliases:

First Name:	Last Name:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
	4. _____

List **ALL** previous States of residents within the past **five** years:

\_\_\_\_\_ (state) from \_\_\_\_\_ (year) to \_\_\_\_\_ (year)

\_\_\_\_\_ (state) from \_\_\_\_\_ (year) to \_\_\_\_\_ (year)

\_\_\_\_\_ (state) from \_\_\_\_\_ (year) to \_\_\_\_\_ (year)

\_\_\_\_\_ (state) from \_\_\_\_\_ (year) to \_\_\_\_\_ (year)

\_\_\_\_\_ (state) from \_\_\_\_\_ (year) to \_\_\_\_\_ (year)

ID Type: \_\_\_\_\_ Issued by \_\_\_\_\_ Exp. Date \_\_\_\_\_

***This document will be destroyed once background study information has been entered.***