



NORTH COUNTY SAN DIEGO

Student Declaration Form

Name and Identity

1. Would you like to share a different first name that people call you?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please indicate the name: _____

2. Which best describes your current sexual orientation:

<input type="checkbox"/>	Lesbian
<input type="checkbox"/>	Gay
<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Queer
<input type="checkbox"/>	Straight or heterosexual
<input type="checkbox"/>	Pansexual
<input type="checkbox"/>	Asexual
<input type="checkbox"/>	Demisexual
<input type="checkbox"/>	Decline to state
<input type="checkbox"/>	Another orientation

3. Which best describes your current gender?

<input type="checkbox"/>	Woman
<input type="checkbox"/>	Man
<input type="checkbox"/>	Nonbinary
<input type="checkbox"/>	Trans Man
<input type="checkbox"/>	Genderqueer or gender fluid
<input type="checkbox"/>	Another gender:
<input type="checkbox"/>	Decline to state

4. Are you transgender?

<input type="checkbox"/>	No, I am not transgender.
<input type="checkbox"/>	Yes, I am transgender
<input type="checkbox"/>	Decline to state

5. With regard to your ethnicity, do you consider yourself Hispanic or Latino?

	Yes
	No
	Decline to state

6. Regardless of your answer to the question above, please select below one or more of the following groups in which you consider yourself a member.

	America Indian or Alaska Native
	Asian
	Black or African American
	Native Hawaiian or other Pacific Islander
	Southwest Asian and North African
	White
	Decline to state
	None of the above

Release:

I certify under penalty of perjury under the laws of the State of California that I have provided complete and accurate responses to all the items on this application. I further certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize the California State University to release any information submitted by me in this application for admission and any application for financial aid to any person, firm, corporation, association, or government agency to verify or explain the information I have provided or to obtain other information necessary for my application for admission and any application for administration of financial aid and in connection with any perjury proceedings. I authorize the California State University system to release any submitted test results to all campuses to which I submit an application. My certification verifies the accuracy and completeness of the information provided. I understand that any misrepresentation or omission may be cause for denial or cancellation of admission, transfer credit, or enrollment. I certify that so long as I am a student at this institution, I will advise the residence clerk if there is a change in any of the facts affecting my residence.

I also certify that Study Group has my permission to submit my application via the California State System on my behalf and that all details and records have been provided to them in order to facilitate this. I understand that all data captured by Study Group is in accordance with the Student Privacy Notice which can be found at <https://www.studygroup.com/student-privacy-notice>.

Student Signature: _____

Student Name (printed): _____

Date Signed: _____