

Cayuse Non-MSU Personnel Profile Request

Instructions: Form is fillable. In order to add blue form fields, select Edits > Preferences > Forms > Show border hover cover for fields.

Contact Information

Email:			Phone:		
Street 1: _					
Street 2:					
City:			State/Province:		
Zip/Posta	l Code (+4 dig	gits):	Congressional District:		
County:			Country:		
D					
Demograj	onics (for Cay	ruse use only):			
Gender:	Male	Female	Nonbinary	Do Not Wish to Provide	
Race (Check all that apply):			Disability Status (Check all that apply):		
	American Indian or Alaska Native			Hearing	
An	nerican indian o			8	
An Asi				Visual	
Asi		merican		Visual	
Asi Bla	ian ack or African A	merican r Other Pacific Islan	nds	Visual	
Asi Bla	ian ack or African A tive Hawaiian o		nds	Visual Mobility/Orthopedic Impairment	
Asi Bla Na Wh	ian ack or African A tive Hawaiian o	r Other Pacific Isla	nds	Visual Mobility/Orthopedic Impairment Other	
Asi Bla Na Wł Do	ian ack or African A tive Hawaiian o nite Not Wish to Pr	r Other Pacific Islan		Visual Mobility/Orthopedic Impairment Other None	
Asi Bla Na Wł Do	ian ack or African A tive Hawaiian o nite Not Wish to Pr	r Other Pacific Isla		Visual Mobility/Orthopedic Impairment Other None Do Not Wish to Provide	
Asi Bla Na Wh Do Ethinicity:	ian ack or African A tive Hawaiian o nite Not Wish to Pr	r Other Pacific Islan		Visual Mobility/Orthopedic Impairment Other None Do Not Wish to Provide	
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