Northwood Technical College
Health Sciences

Student Identification Information

Name _____   **Student ID #** _____

Social Security Number _____   **Birth Date** _____
(must be provided to process the BID)

Program

Race ___ White   Nursing-Associate Degree

___ Black   Dental Assistant

___ Asian or Pacific Islander   Health Information Technology

___ American Indian or Alaskan Native   Medical Assistant

___ Unknown   Occupational Therapy Assistant

                                                      Pharmacy Technician

                                                      Phlebotomy

                                                      Nursing Assistant

Home Address _____

City, State, Zip _____

Phone Number   _____   _____   _____
                           Cell   Home   Work

Email Address _____

Student Signature _____   **Date** _____
(typed signature is acceptable)

This information is considered private and will be kept in a secured electronic file.