NETStudy
Background Clearance Form

The following information is required by Minnesota Department of Human Services for Background Study Clearance.

Your privacy rights are outlined in a separate notice entitled "Background Study Privacy Notice."

Directions: **Please print clearly**. Items marked with an asterisk (*) are optional. All other information is required.

Program enrolled in: _____

Name: _____ _____ _____
first middle* last

Date of Birth: _____/_____/ 19_____

Gender: ❑ Male ❑ Female

Minnesota Drivers License #: _____ *

Race: *
- ❑ Asian
- ❑ Pacific Islander
- ❑ African American
- ❑ Native American
- ❑ White
- ❑ Unknown/Other
- ❑ Hispanic/Latino
- ❑ Two or more races

Social Security #: _____-_____-_____ *

Phone: _____ *

Address: _____

_____

State: _____ City: _____ Zip: _____

Other first names you have used: _____

_____

Other last names you have used: _____

_____

_____