Veteran Status Form

Please return this form to the
Office of Human Resources

Fisk University is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify your veteran status. Submission of this information is voluntary and refusal to provide it will <u>not</u> subject you to any adverse treatment. The information obtained will be kept confidential and will only be used in accordance with applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

Today's date:_____
Month/Day/Year

Full Name:_____
First **Middle** **Last**

What is your veteran status?

☐ None

☐ Vietnam Era Veteran

☐ Disabled Veteran

☐ Other Protected Veteran

☐ Both Vietnam/Other Protected Veteran

I will notify Fisk's Office of Human Resources in the event there is any change in my status while I am an employee at the university.

_____ _____
Name Date