IDAHO STATE UNIVERSITY
Diversity Resource Center
Application

Complete Name: _____
Last First M. I.

Bengal ID #: _____ Gender: Male [ ] Female [ ]

E-Mail Address: _____
(Print very neatly)

Ethnicity: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Cell: _____ Major: _____

Level in School: Freshman [ ] Sophomore [ ] Junior [ ] Senior [ ] Graduate [ ]

RETURN THIS APPLICATION TO:

DIVERSITY RESOURCE CENTER
IDAHO STATE UNIVERSITY
921 S 8th Ave Stop 8036
POCATELLO, ID 83209
PHONE: (208) 282-3142 FAX: (208) 282-2924
OR
POND STUDENT UNION
3rd Floor of the ELC

This application is used to notify students of upcoming Diversity Resource Center events, or events related to your course of study.