Chicago State University

MBRS-RISE PROGRAM

STUDENT EMPLOYMENT INFORMATION & CONSENT FORM*

1. Name: _____ last middle first	2. Current Address: _____ street _____ _____ city state, postal zip
3. Home Phone:	4. E-mail:
5. Soc. Security No. (last four digits only)	6. Date & Place of Birth: _____ _____ month/day/year city state
7. Citizenship (check one): ☐ US ☐ other	8. If "other " box checked, indicate visa status in the space below (a photocopy of the VISA is required).
9. Year enrolled at CSU: _____ Academic major (check one): ☐ biology ☐ chemistry ☐ physics Credit hours completed _____ Grade-point average to date: _____	
10. **Signature:** _____ **Date:** _____ ***I affirm that all of the above facts are correct to the best of my knowledge.***	

PHOTOGRAPHY CONSENT FORM

I, the undersigned, do hereby grant Chicago State University permission to take photographs of me during my participation in the MBRS Program for use in the Program's website or publications or for any other appropriate purpose. Further, I relinquish and give to Chicago State University all right, title and interest I might have in the finished pictures, digital images, reproductions and copies of the pictures.

Signature: _____ **Date:** _____

*** After completion, return this FORM to the MBRS Office, room SCI-222.**