



# SAC SPECIAL AGREEMENT CHECK



NAME: \_\_\_\_\_  
*(Last Name) (First Name) (Middle Name)*

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

ALIAS: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
*(City/State/Country)*

RESIDENT ADDRESS: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

POSITION: \_\_\_\_\_

SCARS, MARKS, TATTOO(S): \_\_\_\_\_

### TYPE OF APPOINTMENT *(check one)*

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Employment (Paid) | <input type="checkbox"/> Fee Basis (Consultant) | <input type="checkbox"/> WOC      |
| <input type="checkbox"/> Volunteer         | <input type="checkbox"/> Intern                 | <input type="checkbox"/> Resident |
| <input type="checkbox"/> Stipend           | <input type="checkbox"/> Work-Study             | <input type="checkbox"/> Student  |
| <input type="checkbox"/> Other _____       |   |                                   |

\_\_\_\_\_  
*Signature of Appropriate Service/Service Line Official*

\_\_\_\_\_  
*Date*