Attachment 3
Applicant Log for the Position of:

Academic Rank/Title: _____ **Date:** _____

Department/Division: _____ **File No.:** _____

Name (Include Credentials)	Preferred Mailing Address	Date Application Received

Please return to the Academic, Faculty and Student Ombudsperson and ADA Compliance Office so that the request for Voluntary Demographic Information can be sent to the applicant in accordance with the requirements of the Department of Labor.

Thank you,

Bonnie L. Blankmeyer, Ph.D., A.B.P.P.
Executive Director
Academic, Faculty and Student Ombudsperson and ADA Compliance Office

Revised: 3/2014