

California Law Review Student Submissions

The Purpose of this Document:

In order to better understand submission patterns of Berkeley Law students, *CLR* collects demographic information about students who submit papers for consideration by the Notes & Comments Department. This information will never be linked to you or your submission and it will be kept completely separate from the submission and the cover sheet. This sheet is anonymous and will be used for informational purposes only. *CLR* editors will not have access to this information until after selection decisions have been made, and thus it will not affect the Department's publishing decisions.

Because this information will be most helpful to us if the form is filled out in full, we hope that you will answer each question. However, this form is voluntary and you may decline to answer individual questions.

Please check all applicable boxes, and/or fill in the gray box below each category:

Gender Identity:

- | | |
|--------------------------------|--|
| <input type="checkbox"/> Man | <input type="checkbox"/> Genderqueer/Nonbinary |
| <input type="checkbox"/> Woman | <input type="checkbox"/> Other: _____ |

Race:

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> East Asian | <input type="checkbox"/> Southeast Asian |
| <input type="checkbox"/> Latino/a/x | <input type="checkbox"/> White |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> _____ |

Do you identify as Lesbian/Gay/Bisexual/Transgender/Intersex/Queer or another related identity?

- | | |
|-----------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, I identify as: _____ |
|-----------------------------|--|

How many years did you take off between college and law school?

Have you submitted to CLR in the past?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

In the space below, if applicable, you may also briefly describe any adversity that you have overcome, including discrimination, linguistic barriers, or a personal or family history of educational or socioeconomic disadvantage.