

**Effective Date=Start Date**

**Permanent Residence should be your local address while attending residency/fellowship.**

**Do not change any pre-filled information.**

**Sign the bottom of the second page.**

## PERSONAL DATA FORM

Effective Date \_\_\_\_\_

New  Update

Form of Address:  Mr.  Mrs.  Miss.  Ms.  Dr.  
Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Known as \_\_\_\_\_ Soc. Security # \_\_\_\_\_  
Birth Date \_\_\_\_\_ (mm/dd/yyyy) Gender  Male  Female  Nonbinary  
Nationality \_\_\_\_\_ Marital Status  Single  Married  
 Name Change Previous Name \_\_\_\_\_

### PERMANENT RESIDENCE (IT0006-Subtype 1)

C/O \_\_\_\_\_  
Street \_\_\_\_\_  
County \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Please include Area Code Please include Area Code  
 Complete Information  No Address  No Phone/Address  
 No Phone Number  No Public Listing

### OFFICE DETAILS (IT0006-Subtype 3)

Building Name \_\_\_\_\_ Building No. \_\_\_\_\_  
Street Address \_\_\_\_\_ Room No. \_\_\_\_\_  
County \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Mail Stop \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Please include Area Code Please include Area Code

Would you like the following shared about your office information on the website and outlook?

Complete Information  No Address  No Phone/Address  
 No Phone Number  No Public Listing

### EMERGENCY CONTACT (IT0006-Subtype 4)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ (Please include Area Code)

### RESIDENCE STATUS (I-9) (IT0094)

U.S. Citizen  
 Permanent Resident  
 Non-resident Alien  
I-9 Date \_\_\_\_\_

### IMMIGRATION STATUS (IT0048)

Supporting Documentation Required  
Country of Citizenship \_\_\_\_\_  
Visa Type \_\_\_\_\_  
Visa Expires \_\_\_\_\_  
Original Date of Arrival to United States \_\_\_\_\_

Employee Name \_\_\_\_\_

**ADDITIONAL PERSONAL DATA (IT0077)**

**Ethnicity** (Check one of these options)  Hispanic/Latino  Not Hispanic/Latino

**Race Category** (Check all that apply. NOTE: More than one box may be checked.)

American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

**Veteran Status** (Check all that apply. NOTE: If a Recently Separated Vet, the discharge date is required.)

Special Disabled Veteran  Vietnam Era Veteran  Other Protected Veteran  
 Recently Separated Vet  Armed Forces Service Medal Veteran  
 Disabled Veteran  Non-veteran Discharge Date \_\_\_\_\_  
(Required for Recently Separated Vet)

Currently receiving retirement benefits from the State of Tennessee or from a federal retirement plan?

YES  NO If yes, what agency? \_\_\_\_\_

Retired from UT?  YES  NO

If yes, list department, address, and date(s) of employment. \_\_\_\_\_

Ever employed by UT, the State of Tennessee, or by a Federal Agency before?  YES  NO

If yes, complete below:

Agency or Department	Full-time Part-time	Address	Dates	Employed under a different name

**EDUCATION (IT0022)**

Educational Level \_\_\_\_\_ Field of Study \_\_\_\_\_

Name/Location of Institution. \_\_\_\_\_ State \_\_\_\_\_

Type of Degree or Certificate \_\_\_\_\_ Year Degree Granted \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_