

**THE UNIVERSITY OF TENNESSEE
PERSONAL DATA FORM**

EFFECTIVE DATE _____

New Update

PERSONAL DATA (IT0002)

Personnel # _____ (Personnel # required on all changes/separations)
Form of Address: Mr. Mrs. Miss Ms. Dr.
Last Name _____
First Name _____ Middle Name _____
Known as _____ Soc. Security # _____
Birth date _____ (mm/dd/yyyy) Gender Male Female
Nationality _____ Marital Status Single Married
 Name Change Previous Name _____

PERMANENT RESIDENCE (IT0006-Subtype 1)

C/O _____
Street _____
City _____ State _____ Zip _____
Home Telephone _____ Cell Phone _____
Please include Area Code *Please include Area Code*
Phone Release Complete Information No Address No Phone/Address
 No Phone Number No Public Listing

OFFICE ADDRESS (IT0006-Subtype 3)

Building Name _____ Building No. _____
Street Address _____ Room No. _____
City _____ County _____
State _____ Zip _____ Mail Stop _____
Telephone _____ Fax _____
Please include Area Code *Please include Area Code*
Phone Release 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 _____ 0 _____ 0 _____ 0

PERSONNEL NUMBER _____ 0 _____

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 _____

EDUCATION (IT0022) (additional degrees, if any)

Educational Level Field of Study _____

Name/Location of Institution _____ State _____

Type of Degree or Certificate _____ Year Degree Granted _____

EDUCATION (IT0022) (additional degrees, if any)

Educational Level Field of Study _____

Name/Location of Institution _____ State _____

Type of Degree or Certificate _____ Year Degree Granted _____

Employee Signature _____ **Date** _____