

Faculty Verification Form:

Last Name	
First Name	
Middle Initial	
Home Mailing Address City, State, Zip	
Cell Number	
Work Telephone Number	
Home Telephone Number	
Alternate E-mail (Not UTM)	
Date of Birth	
Location(s) Teaching	
Are you CURRENTLY employed with another state agency?	
If so, provide name of agency.	
What is your MAIN place of employment (Not UTM)?	
What is the address? City, State, Zip	
Are you receiving a monthly benefit from Tennessee Consolidated Retirement System?	
What is your Banner 960#? (located on your Skyhawk card)	

NOTE: All Adjuncts & Faculty are required to have and swipe their Skyhawk cards. If you do not have a Skyhawk card, please contact your center director ASAP or call 881-7080 for instructions.

Do you have a Skyhawk card? YES NO

At any point during the year, this information changes you **MUST** notify us at outreach@utm.edu