

**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 _____ County _____
Telephone _____
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 _____ State _____ Zip _____ County _____ 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 _____

PERSONNEL NUMBER _____

ADDITIONAL PERSONAL DATA (IT0077)

Race American Indian/Alaskan Asian or Pacific Islander
 Black/Not Hispanic Hispanic White/Not Hispanic

Military Status Non Veteran
 Special Disabled Veteran Vietnam Era Veteran (February 28, 1961-May 7, 1975)
 Other Veteran List War, Campaign, or Expedition _____

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** _____