## PERSONAL DATA FORM

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UW SCHOOL OF MEDICINE

	SEC	TION I – EI	mployee Informati	on					
Employee Last Name:	First Name:			Middl		le: Social Security Number or EIE			
Home Department Name:			UW Box:						
Work Phone 1:			rk Phone 2:	hone 2:			Work Country:		
Local Address:						Apt. #:			
City: Co			ounty:			State:		ZIP:	
Permanent Address (if different): Apt. #:									
City:	City: County:			St				ZIP:	
Home Phone:	I								
	SECTION	II – Emerg	ency Contact Infor	matio	n				
Emergency Contact Name:			Day Phone:				Evening Phone:		
SECTION III – Citizenship Information (Complete if other than United States)									
Country of Citizenship:									
Immigrant Status (check one): Date Entered USA								A Contraction of the second se	
F1 – Student J1 – Exchange Visitor H1 – Working Visa (attach photocopy of visa):							y of visa):		
IM – Immigrant Other (specify)						/ month year			
Are you a regularly enrolled student at the University of Washington? Date Visa Expires									
Yes No		_			/ month year				
SECTION IV – Education Information								ear	
Education Level (check one):	0201								
01 No Academic Credit	04 High Sch. D	iploma/Eq	v. 🗌 07 Assoc. d	of Arts			essional D , M.D., D.I	•	
O2 Grade School	02 Grade School 05 Trade Sch. Certificate 08 B.A./B.S. 11 Ph.D.								
O3 Some High School	06 Some Colle	ege	09 M.A./M	l.S.	12 Other Degree (e.g. Dr. of Education, Dr. of Science)				

Employee Signature	Date