

PERSONAL DATA FORM

SECTION I – Employee Information			
Employee Last Name:	First Name:	Middle:	Social Security Number or EID:
Home Department Name:		UW Box:	
Work Phone 1:	Work Phone 2:	Work Country:	
Local Address:			Apt. #:
City:	County:	State:	ZIP:
Permanent Address (if different):			Apt. #:
City:	County:	State:	ZIP:
Home Phone:			
SECTION II – Emergency Contact Information			
Emergency Contact Name:		Day Phone:	Evening Phone:
SECTION III – Citizenship Information (Complete if other than United States)			
Country of Citizenship:			
Immigrant Status (check one): <input type="checkbox"/> F1 – Student <input type="checkbox"/> J1 – Exchange Visitor <input type="checkbox"/> H1 – Working Visa <input type="checkbox"/> IM – Immigrant <input type="checkbox"/> Other (specify) _____		Date Entered USA (attach photocopy of visa): _____ / _____ month year	
Are you a regularly enrolled student at the University of Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Visa Expires _____ / _____ month year	
SECTION IV – Education Information			
Education Level (check one):			
<input type="checkbox"/> 01 No Academic Credit	<input type="checkbox"/> 04 High Sch. Diploma/Eqv.	<input type="checkbox"/> 07 Assoc. of Arts	<input type="checkbox"/> 10 Professional Degree (e.g., M.D., D.D.S., J.D.)
<input type="checkbox"/> 02 Grade School	<input type="checkbox"/> 05 Trade Sch. Certificate	<input type="checkbox"/> 08 B.A./B.S.	<input type="checkbox"/> 11 Ph.D.
<input type="checkbox"/> 03 Some High School	<input type="checkbox"/> 06 Some College	<input type="checkbox"/> 09 M.A./M.S.	<input type="checkbox"/> 12 Other Degree (e.g. Dr. of Education, Dr. of Science)

Employee Signature	Date
_____	_____