THE GEORGE WASHINGTON UNIVERSITY
Office of Faculty Personnel

Statement of Personal Data

The following information is requested in order to complete your personnel and payroll records. Any information supplied will be kept confidential. Your cooperation is appreciated.

YOUR ACADEMIC DEPARTMENT: _____

Is this your first academic appointment at The George Washington University? [ ] Yes [ ] No

NAME:

_____

(First) (Middle) (Last)

ADDRESS:

_____

(Number) (Street) (City) (State) (Zip)

TELEPHONE: (Home): (_____)_____ (Work): (_____)_____

E-MAIL: _____ FAX: _____

SSN: _____ - _____ - _____ Date of Birth: _____/ _____/ _____

STATUS: [ ] FULL TIME or PART TIME: [ ] ON CAMPUS
[ ] OFF CAMPUS/CONTINUING EDUCATION

RACE: _____ CITIZEN OF: _____ VISA STATUS: _____

[ ] DISABLED [ ] VIETNAM ERA VETERAN [ ] DISABLED VETERAN
IF DISABLED, TYPE OF HANDICAP:
[ ] Visual [ ] Hearing [ ] Chronic Illness [ ] Mobility [ ] Other _____

MARITAL STATUS (circle one)**: Single Married Separated Divorced Widowed**

SPOUSE'S NAME: _____

Degree	Date	Institution	Major Field of Study

PHI BETA KAPPA: [ ] Yes [ ] No

Please return this form to your department for submission with your hire documents. Do not send directly to Faculty Personnel.

9/06