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: Single

SPOUSE'S NAME: _____

Degree	Date	Institution	Major Field of Study

PHI BETA KAPPA: **[ ] Yes** **[ ] No**

Please return to your department to be submitted with your hire documents.