

**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 \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

*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 \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Mail Stop \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

*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)**

**Ethnicity** (check one of these options)  Hispanic/Latino  Not Hispanic/Latino

**Race Category** (Check all that apply. NOTE: More than one box may be checked.)

American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

**Veteran Status** (Check all that apply. NOTE: If a Recently Separated Vet, the discharge date is required.)

Special Disabled Veteran  Vietnam Era Veteran  Other Protected Veteran  
 Recently Separated Vet  Armed Forces Service Medal Veteran  Disabled Veteran  
 Non-veteran Discharge Date \_\_\_\_\_ (Required for Recently Separated Vet)

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.  
\_\_\_\_\_

Are you now, or have you even been, employed by UT, Tennessee Board of Regents, the State of Tennessee or a federal agency?  Yes  No

If yes, complete below:

Agency or Department	Full-time Part-time	Address	Dates	Employed under a different name

**EDUCATION (IT0022)**

Educational Level \_\_\_\_\_ Type of Degree \_\_\_\_\_  
Field of Study \_\_\_\_\_  
Institution \_\_\_\_\_ Country \_\_\_\_\_ State/Reg \_\_\_\_\_  
Highest Degree? Yes  No  Terminal Degree? Yes  No  Degree Year \_\_\_\_\_

**EDUCATION (IT0022)** (additional degrees, if any)

Educational Level \_\_\_\_\_ Type of Degree \_\_\_\_\_  
Field of Study \_\_\_\_\_  
Institution \_\_\_\_\_ Country \_\_\_\_\_ State/Reg \_\_\_\_\_  
Highest Degree? Yes  No  Terminal Degree? Yes  No  Degree Year \_\_\_\_\_

**EDUCATION (IT0022)** (additional degrees, if any)

Educational Level \_\_\_\_\_ Type of Degree \_\_\_\_\_  
Field of Study \_\_\_\_\_  
Institution \_\_\_\_\_ Country \_\_\_\_\_ State/Reg \_\_\_\_\_  
Highest Degree? Yes  No  Terminal Degree? Yes  No  Degree Year \_\_\_\_\_

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_