

## **PERSONNEL DATA FORM**

TODAY'S DATE	SOCIAL SECURITY#		Y #	ELLUCIAN ID (if known)		DEPARTMENT NAME	
PREFIX (Mr., Ms., Mrs., Dr. )			LEGAL LAST NAME				LEGAL FIRST NAME
MIDDLE INITIAL	IDDLE INITIAL SUFFIX (JR, SR, etc.)			CHOSEN FIRST NAME (if applicable)			BIRTHDATE
CURRENT STREET ADDRESS CITY, STATE & ZIP							
HOME PHONE			CELL PHONE				BUSINESS PHONE (if applicable)
PERSONAL EMAIL ADDRESS GENDER							
Male Female Non-Binary Other							
Prefer Not to Answer							
<u>ETHNICITY/RACE</u>							
1. Are you of Hispanic or Latino origin? YES NO Prefer Not to Answer							
2. What is your race (see definitions on back of form)? Select one or more of the following categories:							
American Indian or Alaska Native Mative Hawaiian or Other Pacific Islander							
Asian White							
Black or African American Prefer Not to Answer							
EMERGENCY CONTACT INFORMATION							
Name: Relationship:							
Cell Phone Number: Home Phone Number:							
Signatura							

## **DEFINITIONS:**

American Indian or Alaska Native: A person having origins on the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.