



UNIVERSITY OF WASHINGTON
PERSONAL DATA FORM
 DEPARTMENT OF SOCIOLOGY

Name of Employee (Last, First, M.I.)		Student Number (If you are a regularly enrolled student at the UW)	
Position/Title		Date of Birth (voluntary)	
Social Security/EID Number (voluntary) _ _ - - - -			
Office		Office Phone Number	
Home Department Name (if different from Sociology)		Department Box Number 35	Email Address (VERY IMPORTANT)
Local Address (include Street, City, State and ZIP)		Other Address (include Street, City, State and ZIP)	
Local Home Phone _ - - - -	Cell Phone	Other Email Address	Other Phone _ - - - -
List any information you want to <u>exclude</u> from the department directory			

EMERGENCY	
Contact Name for Emergency (who to contact if an emergency happens to you, i.e. earthquake, fire)	Contact's Day Phone _ - - - -
	Contact's Evening Phone _ - - - -

IMMIGRATION STATUS	
Your Country of Citizenship (Complete this if other than the United States)	Immigrant Status (Check one)
Date You Entered USA Mo. Yr.	<input type="checkbox"/> F1-Student <input type="checkbox"/> Other (specify):
Date Your Visa Expires Mo. Yr.	<input type="checkbox"/> IM-Immigrant
Are you a regularly enrolled student at UW? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> J1-Exchange Visitor
	<input type="checkbox"/> H1-Working Visa

EDUCATION		
Educational Level (check one)		
<input type="checkbox"/> 01 No Academic Credit	<input type="checkbox"/> 05 Trade School Certificate	<input type="checkbox"/> 09 M.S./M.S.
<input type="checkbox"/> 02 Grade School	<input type="checkbox"/> 06 Some College	<input type="checkbox"/> 10 Prof. Degree (e.g., M.D., D.D.S., J.D.)
<input type="checkbox"/> 03 Some High School	<input type="checkbox"/> 07 Assoc. of Arts	<input type="checkbox"/> 11 Ph.D.
<input type="checkbox"/> 04 High School Diploma/Eqv	<input type="checkbox"/> 08 B.A./B.S	<input type="checkbox"/> Other Degree (e.g. Dr. of Education, Dr. of Science)

Employee's Signature	Date
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