

**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 \_\_\_\_\_  
 \_\_\_\_\_ County \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
*Please include Area Code* *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* *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)**

**IMMIGRATION STATUS (IT0048) Supporting Documentation Required**

U.S. Citizen Country of Citizenship \_\_\_\_\_  
 Permanent Resident Visa Type \_\_\_\_\_  
 Non-resident Alien Visa Expires \_\_\_\_\_  
 I-9 Date \_\_\_\_\_ Original Date of Arrival to United States \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ 0 \_\_\_\_\_ 0 \_\_\_\_\_ 0

PERSONNEL NUMBER \_\_\_\_\_ 0 \_\_\_\_\_

**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.

\_\_\_\_\_

Ever employed by UT, the State of Tennessee, or by a Federal Agency before?  Yes  No

If yes, complete below:

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

**EDUCATION (IT0022)**

Educational Level  ▼ Field of Study \_\_\_\_\_

Name/Location of Institution \_\_\_\_\_ State \_\_\_\_\_

Type of Degree or Certificate \_\_\_\_\_ Year Degree Granted \_\_\_\_\_

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

Educational Level  ▼ Field of Study \_\_\_\_\_

Name/Location of Institution \_\_\_\_\_ State \_\_\_\_\_

Type of Degree or Certificate \_\_\_\_\_ Year Degree Granted \_\_\_\_\_

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

Educational Level  ▼ Field of Study \_\_\_\_\_

Name/Location of Institution \_\_\_\_\_ State \_\_\_\_\_

Type of Degree or Certificate \_\_\_\_\_ Year Degree Granted \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

