

**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 \_\_\_\_\_  
 Preferred Name \_\_\_\_\_ 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)**

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 \_\_\_\_\_

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 \_\_\_\_\_