SOUTHERN ILLINOIS UNIVERSITY **EDWARDSVILLE**

PERSONAL DATA FORM

		Effective Date:	
Student ID Number	Name (Please Print)		
	Last	First	M.I.
	Last	FIISt	IVI.I.
	_	mpleted on the Name Change Form. contact the Offices of Human Resources.	
Student Birthdate:	MM/DD/YYYY	Is this a correction?Yes	No
Please provi	ide a copy of your driver's lic	ense, valid passport, or birth certificate as documentation.	
Please check the appropri	iate choice:	What is your ethnicity? (choose one) Hispanic or Latino Not Hispanic Or Latino	atino
Gender Female Male	Legacy Extended Family Grandparent Multiple	Also, select one or more of the following race categories the describe you: American Indian or Alaska Native	
	Parent Sibling	Asian Black or African American Native Hawaiian or Other Pacific Islander White	
Incorrect Social Security Notice (if applicable)	umber:		
Correct Social Security Nur	mber:		
Check here if you ar	e an international student ar	nd you are notifying us of your social security number for the	first time.
	Please attach a cop	by of your signed Social Security card.	
Emergency Contact Info			
Contact's Name: Last		First	 И.I.
Phone Number:			
Relationship to Student: (please circle one)	C Child F Extended Family	U Guardian S Sibling O Other X Significant Other	
()	G Grandparent	P Parent M Spouse	
Religious Preference:		or Rather Not Specify	
Student Signature*	*Ry signing this form I co	ertify that I am the student identified above.	

Revised 09/01/2010 -cml