

PERSONAL DATA FORM



Initial Information Change of Information

Name:			
_____	_____	_____	_____
Last Name	First Name	MI	SSN

Prefix: <input type="radio"/> Dr. <input type="radio"/> Ms. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss	Gender: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth: ____/____/____	Marital Status: _____ Marital Date: ____/____/____
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Household Changes: Name _____ Event Date ____/____/____
 Marriage (*Social Security Card needed for Name change*) Divorce New Dependent Drop Dependent
Based on Household Changes indicated, associated benefit forms will be forwarded to you for completion upon receipt of this form.

Address: Street _____
City, State & Zip _____ **County** _____
Home Phone No. _____ **Cell Phone No.** _____

Educational Level: High School GED Some College Tech. School Degree Associate Degree
 Baccalaureate Degree Master's Degree Education Specialist Degree Doctoral Degree

Ethnic Group: White American Indian Asian Black Hispanic
 Multiracial Other _____

Military Service: <input type="radio"/> Active <input type="radio"/> Non-Active <input type="radio"/> Reserve Veteran <input type="radio"/> Retired <input type="radio"/> Vietnam Vet	Are you a disabled Vet? <input type="radio"/> Yes <input type="radio"/> No
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Do you have previous employment with the University System of Georgia? Yes No
If yes, which institution: _____ Date last worked: _____

Primary Emergency Contact: Name _____ Relation _____
Address _____ City, State & Zip _____
Phone No. _____ Other phone (work, pager, cellular) _____

Additional Contact: Name _____ Relation _____
Address _____ City, State & Zip _____
Phone No. _____ Other phone (work, pager, cellular) _____

I here by attest that the information presented above is correct and complete.
Signature of Employee _____ **Date** _____