

**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 \_\_\_\_\_

Telephone \_\_\_\_\_

*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)**

Race  American Indian/Alaskan  Asian or Pacific Islander  
 Black/Not Hispanic  Hispanic  White/Not Hispanic

Military Status  Non Veteran  Vietnam Era Veteran (February 28, 1961-May 7, 1975)  
 Special Disabled Veteran  Other Veteran List War, Campaign, or Expedition \_\_\_\_\_

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** \_\_\_\_\_