

University of Washington
PERSONAL DATA FORM

Social Security Number or EID		Employee Name (Last, First & M.I.)	
Home Department Name		Personal Mail Stop (Used to route internal mail to you)	
Work Phone 1	Work Phone 2	Work County	

Local Address		Permanent Address (Complete if other than Local Address)	
Apt. No., Route., Etc.		Apt. No., Route, Etc.	
City		City	
County	State WA	County	State
Zip Code		Zip Code	
Home Phone			

Emergency Contact Name	Day Phone	Evening Phone
Alternate Emergency Phone		

EDUCATIONAL LEVEL (Check One)

Check one)			
<input type="checkbox"/> 01 No Academic Credit	<input type="checkbox"/> 04 High Sch. Diploma/Eqv.	<input type="checkbox"/> 07 Assoc. of Arts	<input type="checkbox"/> 10 Professional Degree (e.g., M.D., D.D.S., J.D.)
<input type="checkbox"/> 02 Grade School	<input type="checkbox"/> 05 Trade Sch. Certificate	<input type="checkbox"/> 08 B.A. / B.S.	<input type="checkbox"/> 11 Ph.D.
<input type="checkbox"/> 03 Some High School	<input type="checkbox"/> 06 Some College	<input type="checkbox"/> 09 M.A. / M. AS.	<input type="checkbox"/> 12 Other Degree (e.g. Dr. of Education, Dr. of Science)

CAMPUS ADDRESS DATA

Name (as it should appear in the Employee Directory)		Home Dept.	
Title:			
Dept:			
Address:			
Alt. Title:			
Alt. Dept:			
Alt. Address			
Voice Mail:	TDD	Fax No:	
E-Mail:			
Alt. E-Mail:			
DIRECTORY ADDRESS <input type="checkbox"/> Campus + <input type="checkbox"/> E-Mail + <input type="checkbox"/> Home <input type="checkbox"/> Unlisted (Mark one)			