

# SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

## PERSONAL DATA FORM

Effective Date: \_\_\_\_\_

Student ID Number

Name (Please Print)

\_\_\_\_\_

Last

First

M.I.

**Note1: Name and Marital Status changes must be completed on the Name Change Form.**

**Note2: If you are employed by the University, please contact the Offices of Human Resources.**

Student Birthdate: \_\_\_\_\_  
MM/DD/YYYY

Is this a correction?     Yes     No

Please check the appropriate choice:

**Gender**

Female  
 Male

**Legacy**

Extended Family  
 Grandparent  
 Multiple  
 Parent  
 Sibling

**What is your ethnicity?** (choose one)

Hispanic or Latino     Not Hispanic or Latino

**Also, select one or more of the following racial categories that describe you:**

American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

Incorrect Social Security Number: \_\_\_\_\_  
(if applicable)

Correct Social Security Number: \_\_\_\_\_

Check here if you are an international student and you are notifying us of your social security number for the first time.

**Please attach a copy of your *signed* Social Security card.**

### **Emergency Contact Info**

Contact's Name: \_\_\_\_\_  
Last First M.I.

Phone Number: \_\_\_\_\_

Relationship to Student:    C    Child                    U    Guardian        S    Sibling  
(please circle one)        F    Extended Family    O    Other            X    Significant Other  
   G    Grandparent        P    Parent            M    Spouse

Religious Preference: \_\_\_\_\_ or  Rather Not Specify

Student Signature \_\_\_\_\_

\*By signing this form, I certify that I am the student identified above.

Revised 09/22/2009 - cml

**Please return completed form to the Service Center, Rendleman Hall, Rm. 1309, Box 1080.**