

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: _____ Is this a correction? Yes No
MM/DD/YYYY

Please provide a copy of your driver's license, valid passport, or birth certificate as documentation.

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 race 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 09/01/2010 -cml

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