

**STATEMENT OF PERSONAL DATA**

*This is not an employment application*

*The following information is requested in order to complete our personnel and payroll records. Any information supplied will be kept confidential. Your cooperation is appreciated.*

**FULL NAME** \_\_\_\_\_

**SSN** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Sex**  M  F

**Citizen of** \_\_\_\_\_

**VISA Status** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Home City/State/Zip** \_\_\_\_\_

**Home Country** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Office Address** \_\_\_\_\_

**Office City/State/Zip** \_\_\_\_\_

**Office Country** \_\_\_\_\_

**Office Phone** \_\_\_\_\_

**Electronic Mail** \_\_\_\_\_

**Marital Status**  Single  Married  Divorced  Widowed

**Spouse/Partner's Name** \_\_\_\_\_

**Ethnicity (Optional) – Please mark all that apply**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White / Caucasian
- Other

**Veterans Status (Optional)**  Vietnam Era Veteran  Disabled Veteran

*continued on back*

**Educational Background**

<b>Degree(s) Held</b>	<b>Date Awarded</b>	<b>School / Institution</b>

Phi Beta Kappa

Alpha Omega Alpha

**Academic Positions Held**

<b>Dates</b>	<b>Rank</b>	<b>School / Institution</b>	<b>Status (Full or Part-Time)</b>

**PLEASE ATTACH A CURRENT CURRICULUM VITAE OR RESUME AND RETURN TO**

**Office of Faculty Affairs  
George Washington University  
School of Medicine and Health Sciences  
2300 Eye Street, NW  
R o s s H a l l  
S u i t e 7 3 0  
Washington, DC 20037**