

PERSONAL DATA FORM

Prefix [] Last Name [] First Name [] MI []

Date of Birth [] Marital Status []

Address [] City [] State [] Zip []

Home Phone # [] Cell Phone # []

Educational Level High School GED Some College Technical School
Associate's Bachelor's Master's Degree Educational Specialist Doctorate

Are you of Hispanic or Latino ethnicity? Yes No

Please indicate the gender and race with which you identify: Male Female

What is your race? (choose one or more)

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

Military Service: Active Non-Active Reserve Veteran Vietnam Vet Disabled Vet
No Military Service Armed Forces Service Medal Veterans Other Protected Veterans
Recently Separated Veterans Other

Do you have previous employment with University System of Georgia? Yes No

Institution [] Date Worked []

Are you currently contributing to or receiving benefits from Teachers Retirement System of Georgia (TRS) or Employees Retirement System of Georgia (ERS)? Yes No

I hereby attest that the information presented above is correct and complete.

Signature: _____ Date: _____