

University of Washington  
**PERSONAL DATA FORM (For departmental use only)**

Employee Name (Last, First & M.I.)		Social Security Number or EID	
Home Department Name		UW Mailbox	
Work Phone 1	Work Phone 2	Work County	

**Address Information**

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

**Emergency Contact Information**

Emergency Contact Name	Day Phone	Evening Phone
Alternate Emergency Phone		

**Education**

(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 Listing Information**

Name (as it should appear in the Faculty/Staff Directory)		
Title:	Alt. Title:	
Dept:	Alt. Dept:	
Address:	Alt. Address	
Voice Mail:	TDD	Fax No:
E-Mail:	Alt. E-Mail:	

DIRECTORY ADDRESS	Campus	+	E-Mail	+	Home	Unlisted
(Mark one)						