

**THE UNIVERSITY OF TENNESSEE
PERSONAL DATA FORM - FRIEND/AFFILIATE ENTRY**

EFFECTIVE DATE _____

New Update

PERSONAL DATA (IT0002)

UT ID #: _____

Personnel # _____ (Personnel # required on all changes/separations)

Form of Address: Mr. Mrs. Miss Ms. Dr.

Last Name _____

First Name _____ Middle Name _____

Known as _____ Soc. Security # _____

Birth date _____ (mm/dd/yyyy) Gender Male Female

Nationality/Citizenship _____ Marital Status Single Married

Name Change Previous Name _____

PERMANENT RESIDENCE (IT0006-Subtype 1)

C/O _____

Street _____

County _____

City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____

Please include Area Code

Please include Area Code

Phone Release Complete Information No Address No Phone/Address

No Phone Number No Public Listing

OFFICE ADDRESS (IT0006-Subtype 3)

Building Name _____ Building No. _____

Street Address _____ Room No. _____

City _____ County _____

State _____ Zip _____ Mail Stop _____

Telephone _____ Fax _____

Please include Area Code

Please include Area Code

Phone Release Complete Information No Address No Phone/Address

No Phone Number No Public Listing

EMERGENCY CONTACT (IT0006-Subtype 4)

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ (Please include Area Code)

HR OFFICE USE ONLY

UT ID #: _____

Position # _____

DEPARTMENT _____ (eg. Sodexo, ROTC, etc.)

Dept. approver _____

Employee Signature _____ Date _____