

**HAMPTON UNIVERSITY
HAMPTON, VIRGINIA
INFORMATION SHEET**

IDENTIFICATION

First Name	Middle Name	Last Name	Date of Birth
Please Select: Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>		Social Security	_____
Number:		HU ID Number:	_____
Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		Department:	_____
		For faculty only, please select your classification: 9 month <input type="checkbox"/> 12 month <input type="checkbox"/> Adjunct <input type="checkbox"/>	

Home Address: (no PO Boxes)

_____	_____	_____	_____
Street	City	State	Zip Code

Home Phone Number: () _____ **Cell Number:** () _____ **Alternative Phone Number:** () _____

Race: American Indian or Alaska Native Asian Black or African-American
 Hispanic/Latino Pacific Islander Two or More Races White

PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Relationship (Optional): _____ **Phone Number:** () _____

Signature: _____ **Date:** _____

Your completion of the above information will be greatly appreciated. This information is essential for preparing various reports and meeting Federal requirements.

Revised 09/25/13