

## PERSONAL CONTACT DATA FORM

Name:		Date:	
Prior Name:		Home Department:	
Employee ID #:		Student ID #:	
<b>LOCAL ADDRESS</b>		<b>PERMANENT ADDRESS</b>	
Street:		Street:	
City:	State/Zip:	City:	State/Zip:
Home Phone		Home Phone:	
Emergency Contact:		Alt Emergency Contact:	
Emergency Phone:		Alt Emergency Contact Phone:	
<b>EDUCATIONAL LEVEL (Check one)</b>			
<input type="checkbox"/>	No Academic Credits	<input type="checkbox"/>	Trade School Certificate
<input type="checkbox"/>	Grade School	<input type="checkbox"/>	Some College
<input type="checkbox"/>	Some High School	<input type="checkbox"/>	Assoc. of Arts (AA)
<input type="checkbox"/>	High School Diploma/Equiv.	<input type="checkbox"/>	B.A. / B.S.
Graduation Month/Year of Highest Degree:		C.V. Attached (Y/N):	
Previous Institution:		Research Advisor:	
Doctoral Thesis (title/general subject matter):			
<b>DEMOGRAPHIC/TRAINING GRANT INFORMATION</b>			
<i>This information is collected to assist with opportunities and reporting statistics of federal training funding. Check all that apply. Answers not required.</i>			
<b>Ethnic Category</b>		<b>Racial Category</b>	
<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	American Indian/Alaska Native
<input type="checkbox"/>	Not Hispanic or Latino	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Decline to State	<input type="checkbox"/>	Black or African American
<b>Gender</b>		<b>Disability</b>	
<input type="checkbox"/>	Male	<input type="checkbox"/>	Native Hawaiian or Other US Pacific Islander
<input type="checkbox"/>	Female	<input type="checkbox"/>	Disadvantaged Background
<input type="checkbox"/>	Decline to State/Other	<input type="checkbox"/>	Decline to State
Have you previously been appointed on an NIH training grant? Y/N			
TG Name or #:			
<b>CITIZENSHIP INFORMATION</b>			
Country of Citizenship (Complete if other than United States):			
<input type="checkbox"/>	F1 Student Visa	<input type="checkbox"/>	J1 Exchange Visitor
<input type="checkbox"/>	H1 Working Visa	<input type="checkbox"/>	IM- Immigrant
Other (specify):		Month/Year Entered USA (Attach photocopy of visa):	
		Month/Year Visa Expiration:	

Are you regularly enrolled at the University of Washington?

Yes

No

<b>CAMPUS ADDRESS INFORMATION</b>		
Directory name (last, first middle):		
Phone #1:	Mailbox #1:	Fax #1:
UW Email #1:		
Alternate Title/Department:		
Phone #2:	Mailbox #2:	Fax #2:
Email #2:		
<b>DIRECTORY ADDRESS (Circle Desired Choices)</b>		
Campus	E-Mail	Unlisted