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          Other

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: