RICE UNIVERSITY
PERSONAL DATA FORM

Date _____

☐ **New Hire** ☐ **Change of** _____ **Department** _____

Will you be paid through the Rice payroll? ____ yes ____ no If not, who is your employer? _____

Will you be working on the Rice campus? ____ yes ____ no If not, what is your work address? _____
(street, city, state)

SSN _____ **NAME** _____
Last First Middle

_____ _____ _____
Former Name Nickname (if preferred) Legal Name (if different)

Prefix _____ **Date of Birth** _____ **Sex** _____ **Marital Status** _____
Ms. Mrs. Mr. Dr. Miss

RACE

☐ **White** ☐ **Black** ☐ **Hispanic** ☐ **Asian/Pacific Islander** ☐ **Native American**

VETERAN INFORMATION

☐ **Disabled Veteran** ☐ **Vietnam Era Veteran** **Veteran ID #** _____

U.S. WORK AUTHORIZATION

US Citizen? _____ **If NO, please complete the following:** **Years in US** _____

Citizen of _____ **Resident Alien?** _____

RA Under A- _____ **Exp Date** _____ **Visa Type** _____ **Exp Date** _____

ADDRESS

_____
Number Street Apartment

_____ _____ _____ _____
City State Zip Country

Phone _____ **International Access** _____
(XXX) XXX-XXXX

SPOUSE OR DOMESTIC PARTNER

_____
Last First MI

EMERGENCY CONTACT

_____ _____
Last First MI Relationship

_____ _____
Number Street Apartment

_____ _____ _____ _____
City State Zip Country

Phone _____ **International Access** _____
(XXX) XXX-XXXX

DIRECTORY INSTRUCTIONS: Do you wish to have the following information printed in the Rice Directory?
(Yes or No)

Spouse/Domestic Partner's Name _____

Address _____

Home Phone _____

_____
Employee Signature DD-MON-YR