



CONFIDENTIAL

Banner ID: _____

Dr. Mr. Mrs. Ms. Miss Other _____

Department: _____

Legal Name: _____

Social Security Number: _____

Preferred First Name: _____

Date of Birth: _____

Phone Number: _____

Current Email Address: _____
(for correspondence prior to your arrival at Colgate)

Address: _____

Cell Phone Number: _____
(for the University Emergency Notification system)

ETHNICITY: Hispanic/Latino Non-Hispanic/Latino

RACE: American Indian/Alaskan Native
 Asian American/Asian
 Black/African American
 Native Hawaiian/Pacific Islander
 White

GENDER: Male Female

GENDER PRONOUN: He/Him/His She/Her/Hers Ze/Hir/Hirs They/Them/Theirs Name Only

MARITAL STATUS: Married Single Partnered Divorced Separated Widowed

VETERAN STATUS: Not a Veteran Protected Veteran
 Active Wartime or Campaign Badge Veteran Not a Protected Veteran

CITIZENSHIP: US Citizen Dual Citizen Non-Immigrant Alien Permanent Resident Alien

Complete the following section only if your appointment includes benefits (eg health, life, etc):

List Spouse/Partner* & Dependents	Relationship	Social Security Number	Date of Birth	Gender

*Is your spouse/domestic partner an employee at Colgate University? Yes No
(To qualify for domestic partner benefits, you may be asked to complete a Domestic Partner Application)

I understand that I must notify Human Resources of any changes to the above information. Failure to report changes may delay or forfeit my ability to be eligible for certain benefits.

Employee Signature _____ Date _____

PERSONAL DATA SHEET