CONFIDENTIAL	Banner ID:
□ Dr. □ Mr. □ Mrs. □ Ms. □ Miss □ O	Dther Department:
Legal Name:	Social Security Number:
Preferred First Name:	Date of Birth:
Address:	Current Email Address: (for correspondence prior to your arrival at Co
	Home Phone (if applicable)
RACE:	□ Non-Hispanic/Latino
RACE:	(for the University Emergency Notification sy □ Non-Hispanic/Latino
RACE: American Indian/Alaskan N Asian American/Asian Black/African American GENDER: Male Female GENDER PRONOUN: He/Him/F	(for the University Emergency Notification sy Non-Hispanic/Latino Native Inversity Emergency Notification sy Native Inversity Emergency Notification sy Na
RACE: American Indian/Alaskan N Asian American/Asian Black/African American GENDER: Male Female GENDER PRONOUN: He/Him/H They/The	(for the University Emergency Notification sy Non-Hispanic/Latino Native Investive Investion Islander White His He/They Name Only She/Her/Hers She/They
RACE: American Indian/Alaskan N Asian American/Asian Black/African American GENDER: Male Female GENDER PRONOUN: He/Him/F They/The MARITAL STATUS: Married VETERAN STATUS: Not a Veterar	(for the University Emergency Notification sy Non-Hispanic/Latino Native Native Hawaiian/Pacific Islander White His He/They Name Only She/Her/Hers She/They em/Theirs Ze/Hir/Hirs Single Partnered Divorced Separated Widowed

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

*Is your spouse/domestic partner an employee at Colgate University? \Box Yes \Box 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____

This information is voluntarily provided and will be kept confidential and used only in accordance with applicable regulations. (Revised November 2021)