

This information is considered strictly confidential and is managed as such.

	PERSONAL INFORMATION FORM	
<i>Today's Date</i>		<i>Banner ID</i>
	<i>Legal Name (Last Name, First Name, MI)</i>	

Personal Information		
Date of Birth: ___/___/___	Social Security#: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed		
Telephone Number: _____		
Citizenship:	Are you a Citizen or National of the U.S <input type="checkbox"/> Yes <input type="checkbox"/> No A Lawful Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No Alien #: _____ An alien authorized to work <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Citizenship:	Visa: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, expiration date ___/___/___ Vise Type: _____	
Emergency Contact Information		
<i>1. Emergency Contact Name (Last Name, First Name, MI)</i>		
	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Friend <input type="checkbox"/> Sibling <input type="checkbox"/> Child	
Home Telephone	Work Telephone	Cell Phone
<i>2. Emergency Contact Name (Last Name, First Name, MI)</i>		
	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Friend <input type="checkbox"/> Sibling <input type="checkbox"/> Child	
Home Telephone	Work Telephone	Cell Phone

The information below is provided to Providence College's Affirmative Action Program and will be used for reporting purposes only.		
Ethnicity: <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaii or Other Pacific Islander <input type="checkbox"/> Black or African American (not of Hispanic origin) <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Hispanic or Latino (all races)	
<u>Federal Government Definition of Ethnicity for Affirmative Action Reporting:</u>		
<p>Native American, American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p>Asian: A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands Thailand and Vietnam.</p> <p>Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of the Hawaiian Islands or other Pacific Islands, including Guam and Samoa.</p> <p>Black or African American (not of Hispanic origin): A person having origins in any of the Black racial groups of Africa.</p> <p>White (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p>Hispanic or Latino: A person whose cultural or linguistic origins as Spanish or Latin American regardless of race.</p>		