



# Personal Information Sheet

Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_ Title (Dr., Rev., Mr., Mrs., Ms.): \_\_\_\_\_

Physical Address: \_\_\_\_\_  
City State Zip Code

Mailing Address: \_\_\_\_\_  
(Permanent) City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address (Non-NU): \_\_\_\_\_

Social Security #: \_\_\_\_\_  Male  Female

Birthdate: \_\_\_\_\_

Ethnicity Reporting Data (*optional*):

Choose from the following list:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander
- Caucasian
- Two or More Races
- Nonresident Alien

In Case of Emergency, please list two people we can contact:

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_