

FACULTY INFORMATION FORM

PERSONAL INFORMATION	
Employee ID	
First Name	
Middle Name	
Last Name	
Maiden Name (if applicable)	
Previous Names	
Preferred Name	
Gender	
Race	
Social Security	
Birthdate	
Married	
Spouse/Partner Name	
Spouse/Partner VU Employee?	
If YES in what capacity?	
Dependents	
Vunet ID	
Preferred Title	
Degree Verification (Attach copy of degree/transcript)	
CONTACT INFORMATION	
Home Address	
City	
State	
Zip Code	
Home Phone	
Cell Phone	
Email Address (non-vanderbilt)	
Work Phone	
Website (lab, centers)	
CITIZENSHIP INFORMATION	
Citizenship	
Nationality	
Place of birth (Country/Region)	
If not US citizen, VISA Type	
Visa #	
Visa Expiration Date	
EMERGENCY INFORMATION	
1st Emergency Contact Name	
Relationship	
Phone Number	
2nd Emergency Contact Name	
Relationship	
Phone Number	