



**Personal Information Data Sheet**

**Instructions:** The following information is maintained for each University employee in order to comply with governmental agencies as well as maintain up-to-date institutional mailing lists, etc. Reports filed with governmental and accrediting agencies are of a statistical nature and do not reveal personal information or any identifiable individual employee.

<b>Full Legal Name</b> (Last, First, Middle) Photo ID required to verify		<b>Preferred First Name</b>	
<b>Permanent Address</b> (W-2 Address)		<b>Date of Birth</b>	<b>Social Security Number</b>
Full Street Address			
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Telephone</b> please include area code		<b>Gender</b>	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Marital Status</b>			
<input type="checkbox"/> Single <input type="checkbox"/> Married Spouse's Legal Name _____			
<b>Denominational Affiliation</b>			
Are you an SPU alum? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____			

<b>Ethnicity and Race</b>				
<b>What is your ethnicity?</b> Please Choose One				
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino				
<b>What is your Race?</b> Choose as many as you wish to indicate which races you identify with.				
<b>American Indian or Alaska Native (w/Tribal affiliation)</b> <input type="checkbox"/> Alaskan Native  <input type="checkbox"/> American Indian  <input type="checkbox"/> Native American	<b>Asian</b> <input type="checkbox"/> Asian  <input type="checkbox"/> Cambodian  <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Indian (Indian subcontinent) <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Taiwanese <input type="checkbox"/> Vietnamese	<b>Black or African American</b> <input type="checkbox"/> African  <input type="checkbox"/> African American	<b>Native Hawaiian or Other Pacific Islander</b> <input type="checkbox"/> Hawaiian or Other Pacific Islander  <input type="checkbox"/> Samoan	<b>White</b> <input type="checkbox"/> Middle Eastern  <input type="checkbox"/> White or Caucasian

**Benefit Information:** Complete in order to verify spouse and/or children's eligibility for health or tuition discount benefits. Information is required whether you plan to enroll them or not, whether now or anytime in the future.

<b>Spouse - Please provide LEGAL Name:</b>			
Name: _____	Date of Birth: _____	Social Security #: _____	
<b>Children - Please provide LEGAL Name: (see schedule below for status explanations)</b>			
Name: _____ <input type="checkbox"/> Dependent <input type="checkbox"/> Independent <input type="checkbox"/> Over-age	Date of Birth: _____	Social Security #: _____	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
Name: _____ <input type="checkbox"/> Dependent <input type="checkbox"/> Independent <input type="checkbox"/> Over-age	Date of Birth: _____	Social Security #: _____	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
Name: _____ <input type="checkbox"/> Dependent <input type="checkbox"/> Independent <input type="checkbox"/> Over-age	Date of Birth: _____	Social Security #: _____	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			

Status Title	Description	Tuition Discount Benefit Treatment	Health Benefit (Medical/ Dental/ Vision) Treatment
<b>Dependent Child</b>	Under age 24 and <u>expected to be claimed</u> as a dependent on the employee's tax return in the year of the tuition discount	Eligible for benefit if conditions met prior to quarter's start.	Eligible for medical, dental, and vision benefits until both conditions no longer met.
<b>Independent Child</b>	Under age 24 and <u>not expected to be claimed</u> as a dependent on the employee's tax return in the year of the tuition discount	Eligible for benefit if conditions met prior to quarter's start. Under current IRS regulations, these benefits are considered taxable income to the employee.	Ineligible for benefit.
<b>Over-age Child</b>	<u>Over age 24 and expected to be claimed</u> as a dependent on the employee's tax return in the year of the tuition discount	Ineligible for benefit.	Eligible for medical, dental, and vision benefits until both conditions no longer met.