



PERSONAL DATA SHEET

Please print or type information

First Name Middle Name Last Name

Preferred First Name Professional Last Name (non-students) (Home) E-Mail Address

Street Address Birth Date (Month/Day/Year)

City State Zip Code Home Phone

Marital Status

Gender

Married Male Single Female

Social Security # (9 digits)

Cell Phone

Receive Text Alerts? Y N

Are You Hispanic/Latino?

Yes No

Race

Regardless of your answer to ethnicity question, please check one or more races to indicate what you consider yourself to be*

White Asian Black/African American Indian Alaska Native Native Hawaiian Pacific Islander

Highest Level of Education

- Less than HS - Grade Completed Grade 11 High School Graduate High School Equivalency Completed 1 Yr College Completed 2 Yrs College Completed 3 Yrs College Associates degree Bachelor's Degree Completed 1 Yr Post-Graduate Completed 2 Yrs Post-Graduate Completed 3 Yrs Post-Graduate Master's Doctorate Juris Doctorate Medical Doctorate

In the event of an emergency involving you, please list information below of an appropriate individual whom we may contact.

First Name Last Name Relationship

Street Address Contact Phone

City State Zip Code

College of Charleston Enrollment

Are You Currently Enrolled at the College of Charleston?

Are you employed at another State Agency?

YES NO

If so, which one:

If YES, how many hours you are currently enrolled for?

Signature

Date