

Biographical Information Form

Last Name : First Name : Middle Name :
SSN : DoB : Employee ID : Cell Ph. : Home Ph. :
Home Address : City : ST : Zip Code :
Alternate Email Address [Required. Will be used to provide your UTRGV Account Activation] :
Emergency Contact Name : Relation : Contact Ph. :

Yes No Have you ever been a UT System student and/or previous employee? If Yes, Provide the following :
Date of Hire [MM/YY] : Former Employee ID or Email address :

Gender		Citizenship	
Male	Female	U.S.	Other [specify] :

Veteran Status	Marital Status	Ethnic Group / Race		
Non - Veteran	Married	Yes	No	Are you Hispanic or Latino?
Veteran - Vietnam Era	Single	If No, Please select from the options below :		
Veteran - Other	Divorced	American Indian or Alaskan Native		
Disabled Veteran - Vietnam Era	Separated	Asian		
Disabled Veteran - Other	Widowed	Black or African American		
		Native Hawaiian or Pacific Islander		
		White		

Education	Major	Degree	Year Awarded
High School Diploma or [GED]			
Certificate of Completion			
Associate Degree			
Baccalaureate Degree [specify]			
Master's Degree [specify]			
Special Professional Degree [LLB, JD, THD]			
Medical Degree [MD, DVM, DDS]			
Doctoral Degree [specify]			

Employee Signature

Date