

Personal Information Form

Legal Name:		
First	Middle	Last
Home Address:		
Campus Address:		
Phone Number:		
Home	е	Cell
Date of Birth:		
Are you a citizen of the Unite		
*If you are not a citize	n, please indicate your VISA	type:
*Country of Citizenshi	p?	
Sex: □ Male □ Female	Gender Identity:	□ Male □ Female □ X
Ethnicity: Are you Hispanic/L	.atino? 🗆 Yes 🗆 No	
Race:		
(Select all that apply)		
American Indian o	r Alaska Native	
☐ Asian		
\square Asian Indiar		
☐ Bangladesh	i	
☐ Burmese		
\square Chinese		
☐ Filipino		
\square Japanese		
\square Korean		
☐ Pakistani		
☐ Thai		
☐ Vietnamese	<u>,</u>	
☐ Other Asian	ı Group	
☐ Black or African Ar	nerican	
☐ Native Hawaiian o	r Other Pacific Islander	
\square Guamanian	and Chamorro	

STATE UNIVERSITY OF NEW YORK			
☐ Native Hawaiian			
□ Samoan			
☐ Other Pacific Island Group			
☐ White			
Primary Language Spoken at Home (optional):		
\square American Sign Language			
☐ Arabic			
☐ Bengali			
☐ Chinese			
☐ English			
\square French			
\square Haitian Creole			
☐ Italian			
☐ Korean			
☐ Polish			
☐ Russian			
☐ Spanish			
☐ Urdu			
☐ Yiddish			
☐ Other			
Do you identify as a member of the LGBTQI+	community?		
☐ Yes			
□ No			
\square Choose not to disclose			
Emergency Contact:			
	elationship	Phone #	
Are you a Volunteer Emergency Responder? ☐ Yes ☐ No			

Please Note: The following information is requested for Human Resource records only and will not be issued to any person other than for reporting purposes connected with your appointment as an employee of SUNY Oswego.