



University of Washington  
**PERSONAL DATA FORM**  
 Psychiatry & Behavioral Sciences

**Please Type or  
 Print Clearly**

Social Security Number	Employee Name (Last, First & M.I.)
Home Department Name	Mail Box

Work Phone 1	Work Phone 2	Work County
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Local Address	
Apt. No., Route., Etc.	
City	
County	State
Zip Code	
Home Phone	

Permanent Address (If other than Local Address)	
Apt. No., Route., Etc.	
City	
County	State
Zip Code	

Emergency Contact Name	Day Phone	Evening Phone
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Educational Level (Check One):			
<input type="checkbox"/> 01 No Academic Credit	<input type="checkbox"/> 04 High Sch. Diploma/ Eqv.	<input type="checkbox"/> 07 Assoc. of Arts	<input type="checkbox"/> 10 Professional Degree (e.g., M.D., D.D.S., J.D.)
<input type="checkbox"/> 02 Grade School	<input type="checkbox"/> 05 Trade Sch. Certificate	<input type="checkbox"/> 08 B.A. / B.S.	<input type="checkbox"/> 11 Ph.D.
<input type="checkbox"/> 03 Some High School	<input type="checkbox"/> 06 Some College	<input type="checkbox"/> 09 M.A. / M.S.	<input type="checkbox"/> 12 Other Degree (e.g., Dr. of Education, Dr. of Science)
Graduation Year of Highest Degree: _____.			

Employee Signature	Date
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