

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

PERSONAL DATA FORM

Effective Date: _____

Student ID Number _____

Name (Please Print) _____

Last First M.I.

Note1: Name and Marital Status changes must be completed on the Name Change Form.

Note2: If you are employed by the University, please contact the Offices of Human Resources.

Student Birthdate: _____ Is this a correction? Yes No
MM/DD/YYYY

Attach a copy of your driver's license, state ID card, valid passport, or birth certificate

Legal Sex:

Female
 Male
 N/A

Personal Pronoun:

ey/em/eir
 fae/faer/faers
 he/him/his
 per/per/pers
 she/her/hers
 they/them/their
 Use Name Only
 ve/ver/vis
 xe/xem/xyr
 ze/hir/hir

Social Security Number Information:

Incorrect SSN: _____
(if applicable)

Correct SSN: _____

Check here if you are an international student notifying SIUE of your social security number for the first time

Attach a copy of your signed Social Security card

Gender Designation:

Agender
 Genderqueer
 Man
 Non-Binary
 Transgender
 Transgender Man
 Transgender Woman
 Woman

Personal Email: _____ This is a: Correction Addition Deletion

Type of Email: Business Home Parent Personal

Emergency Contact Information:

Contacts Name: _____ Phone Number: _____
Last First

Address: _____
Number Street City State Zip Code

Email Address: _____

Relationship to student: Child Guardian Sibling
 Extended Family Other Significant Other
 Grandparent Parent Spouse
 Private Mental Health Designee Confidential Missing Persons Contact

Religious Preference: _____ or _____ Rather Not Specify

Legacy: Grandparent Multiple Parent Sibling Extended Family

Student Signature* _____

*By signing this form, I certify that I am the student identified above.

Return completed form to: Service Center, Rendleman Hall, Rm. 1309, Box 1080. Edwardsville IL 62026 or email
servicecenter@siue.edu