THE UNIVERSITY OF ALABAMA AT BIRMINGHAM HR Records Administration - Data Verification Request Form

Personal Information – **Must** be completed by Volunteer or Affiliated Employee

Last Name:	**First Name:**	**Middle Initial:**
Date of Birth:	**Home Phone:**	**SSN:**
Address:		

City:	**State:**	**Zip Code:**	**County:**
School or College:	**Type of Degree:**	**Degree Date:**	

Are you a former UAB employee/retiree? ☐ **Yes** ☐ **No** **Gender** ☐ **Male** ☐ **Female**

Ethnic Origin:

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino, regardless of race
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Two or More Races
- ☐ White

Visa Status:

- ☐ US Citizen
- ☐ Other, please specify: _____

Organization Information – To be completed by Department Representative

UAB Organization Number:	**Job Title:**
Assignment Status: ☐ **59 Oracle Access Only Employee** ☐ **60 Volunteer**	**Supervisor Name:**
Begin Date:	**Expected End Date:**

Campus Address:	**Bldg./Room:**	**Campus Phone:**

Brief description of duties and/or responsibilities:

Signature of Aff Emp or Vol: _____ **Date**: _____

Departmental Signature: _____ **Date:** _____