

# Data Verification Request Form

PERSONAL INFORMATION — <b>MUST</b> BE COMPLETED BY VOLUNTEER OR AFFILIATED EMPLOYEE					
Last Name:		First Name:		Middle Name:	
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?		Visa Status: <b>US Citizen</b> <b>J-1 Research Scholar</b> <b>H-1B Employee</b> <b>US Permanent Resident ("Green Card Holder")</b> <b>Yes</b> <b>No</b> <b>F-1 Student</b> <b>EAD/Work Authorization Card</b> <b>B-1/B-2 Visitor</b> <b>Other, please specify:</b>			
Gender:		Ethnic Origin:			
Male      Female		<b>American Indian or Alaskan Native</b> <b>Hispanic or Latino, regardless of race</b> <b>Asian</b> <b>White</b> <b>Black or African American</b> <b>Native Hawaiian or other Pacific Islander</b> <b>Two or more races</b>			
ORGANIZATION INFORMATION — TO BE COMPLETED BY DEPARTMENT REPRESENTATIVE					
UAB Organization Number:		Job Title:		Supervisor Name:	
Assignment Status:			Brief description of the category 59 or 60 volunteer's duties and/or responsibilities:		
<b>59 UA Systems Office Employee (reserved for system office employees only)</b>  <b>59 Contracted Affiliate (Recreation Center, Guidehouse, etc.)</b>  <b>59 Affiliate Employee (for active employees of sister entities only, this includes HSF, HS, CEFH, VIVA, OSF, Cooper Green)</b>  <b>60 Volunteer — Please explain the need in "Volunteer Explanation" box.</b>			Volunteer Explanation:		
Expected Start Date:		Expected End Date:		Campus Phone:	
Campus Address:				Bldg/ Room:	
Department Rep Signature:				Date:	