

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 Two or more races Black or African American Hispanic or Latino, regardless of race	Native Hawaiian or other Pacific Islander Asian White	
Visa Status:	US Citizen F-1 Student J-1 Research Scholar	US Permanent Resident (“green card holder”) EAD/work authorization card Other, please specify: _____	H-1B Employee B-1/B-2 Visitor

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: _____