



**CONFIDENTIAL
PERSONAL DATA FORM**

Date _____

Campus Familian BBC

Name _____

AJU Position _____ Department _____

Home Address _____

(Street)

(City)

(State)

(Zip Code)

Home Telephone (____) _____ Cell Phone (____) _____

Personal Email _____ AJU Email _____

Spouse/significant other name (optional) _____

Emergency Contact:

Name _____

Telephone Number(s) _____

Relationship _____

Medical Insurance Carrier _____

Card Number _____

How do you wish to be classified ethnically? (Optional)

White, Non-Hispanic

Hispanic

Black, Non-Hispanic

Asian/Pacific Islander

American Indian/Alaska Native

Race/Ethnicity Unknown

If there are factors that you would want us to know about in the event of an emergency, please list them below.

Signature _____