

ALCORN STATE UNIVERSITY
Office of Human Resources

EPAF PERSONAL DATA FORM

Printed Name: _____ SS#: _____
(Name Must Be the Same As Shown On Social Security Card)

Mailing Address: _____

City State County Zip Code

Home Phone: () _____ Contact Phone: () _____

Date of Birth: _____ Sex: _____

Marital Status: _____

Ethnicity: Do you consider yourself to be Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) _____ **Yes** _____ **No**

Race: _____ Black or African-American
_____ American Indian/Alaskan Native
_____ Asian
_____ White/Caucasian
_____ Native Hawaiian or Other Pacific Islander

Highest Educational Degree (check highest and list the year attained):

____ Associate _____ Bachelor _____ ED. _____
____ Master's _____ Ph.D. _____ Some College _____