# IAIA
## INSTITUTE OF AMERICAN INDIAN ARTS

**INSTITUTE OFAMERICAN INDIAN ARTS**
**PERSONAL DATA FORM**
**(STAFF/FACULTY)**

**Date**_____

**Name** *(Print)* _____ **Employee ID**_____

## Personal Information:

Local Address: _____

City, State, Zip: _____

Mailing Address:_____

City, State, Zip: _____

Local Phone: _____ Cell Phone: _____

**Personal** email Address: _____

Date of Birth:_____ Male: _____ Female:_____

Single: _____ Married: _____

Tribal Affiliation: (Check not applicable) N/A ☐ or Tribe name: _____

(Please provide CIB Card)

Highest Degree held: _____

Degree Received from: _____

## Emergency Contact Information:

1.    Name: _____ Relationship: _____

        Address: _____

        City, State, Zip: _____

        Home Phone: _____ Work Phone: _____

2.    Name: _____ Relationship: _____

        Address: _____

        City, State, Zip: _____

        Home Phone: _____ Work Phone: _____

***Please notify Human Resources if any of the information listed above changes.***