

INFORMATION FORM - Human Resources, Payroll and Emergency Contact

PART I - STAFF AND FACULTY

Name: Last _____ First _____ Middle _____
Preferred First Name _____ HMC E-Mail Address _____
Social Security Number _____
Home Street Address _____
Home City, State, Zip _____
Home Phone _____ Cell Phone _____
Campus Address Building _____ Room No. _____ Campus Phone _____
Department _____ Title _____
Birthdate _____ Marital Status _____
Name of Spouse/Partner/Significant Other _____

Emergency Contacts (please provide at least one emergency contact)

1. Name _____ Relationship _____
Home Street Address _____
Home City, State, Zip _____
Primary Phone _____ Secondary Phone _____

2. Name _____ Relationship _____
Home Street Address _____
Home City, State, Zip _____
Primary Phone _____ Secondary Phone _____

3. Name _____ Relationship _____
Home Street Address _____
Home City, State, Zip _____
Primary Phone _____ Secondary Phone _____

PART II - STUDENTS ONLY

Father/Guardian Name _____ Phone _____
Address, City, State, Zip _____
Mother/Guardian Name _____ Phone _____
Address, City, State, Zip _____
Father/Guardian Employer _____ Phone _____
Mother/Guardian Employer _____ Phone _____

SIGNATURE _____	DATE _____
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