

SARAH · LAWRENCE · COLLEGE

EMPLOYEE PROFILE

ID #: _____

PRINT
FIRST NAME: _____

PRINT
LAST NAME: _____

Social Security #: _____

Date Of Birth: _____
MM/DD/YYYY

HOME ADDRESS:

Street address

Apt/ Suite/ Room

City

State

Zip

SEX:

Male

Female

MARITAL STATUS:

Single

Married

FORMER STUDENT:

Yes

No

Cell/ Mobile: _____

Home Phone: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact (Please Print)

FIRST NAME: _____

LAST NAME: _____

Home Address:

Street address

Apt/ Suite/ Room

City

State

Zip

RELATIONSHIP:

Spouse/ Domestic Partner

Parent (Mother/ Father)

Sibling (Brother/ Sister)

Other:

CELL #: _____

HOME # _____

BUSINESS # _____

The Faculty/Staff Directory includes name, office, campus extension, SLC e-mail and home phone. The directory is for internal use by SLC faculty and administrative staff. It is not distributed outside of the campus.

Please Select One : Do not include home phone in Faculty/Staff Directory

Include home phone in Faculty/Staff Directory

TITLE/ POSITION _____ DEPARTMENT: _____

EMPLOYEE SIGNATURE: _____ DATE: _____