

## Casual/Temporary Personal Data Form

### Personal Identification

Last Name: \_\_\_\_\_ McGill ID: \_\_\_\_\_ Title: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Names: \_\_\_\_\_  
Pref. First Name: \_\_\_\_\_ Birth/Maiden Name: \_\_\_\_\_  
Date of Birth (YYYY/MM/DD): \_\_\_\_\_ Gender: M / F SIN: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Language of Correspondence: \_\_\_\_\_  
Home Address Line 1: \_\_\_\_\_  
Home Address Line 2: \_\_\_\_\_  
Home Address Line 3: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
Postal Code/Zip: \_\_\_\_\_ Nation: \_\_\_\_\_  
Home Telephone Number 1: \_\_\_\_\_ 2: \_\_\_\_\_  
Office Telephone Number 1: \_\_\_\_\_ 2: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### Emergency Contact(s) Information

Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Home Address Line 1: \_\_\_\_\_  
Home Address Line 2: \_\_\_\_\_  
Home Address Line 3: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
Postal Code/Zip: \_\_\_\_\_ Nation: \_\_\_\_\_  
Telephone Numbers 1: \_\_\_\_\_ 2: \_\_\_\_\_

### Citizenship/Mother Tongue

Mother Tongue: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Visa Type (If Not a Canadian Citizen): \_\_\_\_\_  
Employment Auth. No.: \_\_\_\_\_ Start Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### Internal Correspondence Address

Department Name/Administrative Unit: \_\_\_\_\_  
Building Name: \_\_\_\_\_ Room Number: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ extension: \_\_\_\_\_  
Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### Off Campus McGill Address

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postal Code/Zip: \_\_\_\_\_