

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: _____