



Casual/ Temporary Personal Data Form

Fields in **RED** are **MANDATORY** and must be filled in prior to printing. If a field has no data, type NA.

Personal Identification

Last Name: _____ McGill ID: _____ Title: _____
First Name: _____ Middle Names: _____
Pref. First Name: _____ Birth/Maiden Name: _____
Date of Birth (YYYY/MM/DD): _____ Gender: _____ SIN: _____
Marital Status: _____ Language of Correspondence: _____
Home Address: _____
City: _____ Province/State: _____
Postal Code/Zip: _____ Country: _____
Telephone Number: _____
Email Address: _____

Emergency Contact(s) Information

Relationship: _____ Last Name: _____
First Name: _____ Middle Initial: _____
Home Address: _____
City: _____ Province/State: _____
Postal Code/Zip: _____ Country: _____
Telephone Number: _____

Citizenship/Mother Tongue

Are you a Canadian citizen? Country of Citizenship: _____
Yes No Country of Birth: _____
Mother Tongue: _____ Visa Type (If Not a Canadian Citizen): _____
Employment Auth. No.: _____ Start Date: _____ Expiry Date: _____

Internal Correspondence Address

Department Name/ Administrative Unit: Desautels Faculty of Management
Building Name: Bronfman Room Number: 104

Off Campus McGill Address

Address _____

