

Division of Facilities Planning & Management

STUDENT INFO REQUEST FORM

ONCE COMPLETE, RETURN TO FP&M HUMAN RESOURCES – 30 N MILLS ST SUITE 362
**** DO NOT EMAIL Social Security Number OR Date of Birth ****

STUDENT COMPLETES THIS SECTION

Date: _____

Empl ID: _____	Empl Rcd: _____
OFFICE USE ONLY	

Legal Name: _____

Last Name	First Name	M
-----------	------------	---

Preferred First Name (if different): _____

Local Address: _____

Street/Apt Number	City	State	Zip
-------------------	------	-------	-----

Home Address: _____

Street/Apt Number	City	State	Zip
-------------------	------	-------	-----

Email (@wisc.edu): _____ Phone #: _____

Are you currently enrolled at UW-Madison? Yes No Do you have another position on campus? Yes No
 If not, please provide proof of enrollment. If yes, # hours/week? _____
 (ex: class schedule)

SSN:** _____ **DOB:**** _____ Gender: _____
 (Male, Female, Other)

**** DO NOT EMAIL SSN OR DOB – FAX TO 608-265-3692 OR HAND DELIVER ****

HUMAN RESOURCES USE ONLY

Date Received by HR: _____	Date Approved by HR: _____
Start Date (approved start date): _____	Emailed supervisor with start date: _____
	Date I9 completed: _____