

FACULTY AND STAFF INFORMATION

FULL NAME*:

PREFERRED FIRST NAME*:

SOCIAL SECURITY #:

DEPARTMENT:

POSITION TITLE:

HOME ADDRESS*:

CITY*:

STATE*:

ZIP*:

HOME PHONE/CELL*:

PERSONAL EMAIL ADDRESS*:

BIRTH DATE:

SPOUSE'S NAME*:

NAMES (AGES) OF CHILDREN:

IN CASE OF EMERGENCY, PLEASE NOTIFY:

EMERGENCY PHONE NUMBER:

RELATIONSHIP:

PLEASE INDICATE IF YOU WISH THE INFORMATION MARKED WITH A *(ASTERIK) TO BE PUBLISHED IN THE
FACULTY AND STAFF DIRECTORY BY CIRCLING: YES NO

SIGNED:

DATE:

MC INFORMATION:

OFFICE LOCATION (BLDG. & ROOM #):

OFFICE EXT:

CAMPUS BOX #:

EMAIL ADDRESS:

RETURN FORM TO: HUMAN RESOURCES, Mississippi College, BOX 4052 CLINTON, MS 39058