

## Consultant Demographic Form

### Personal Information

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Personal Email Address: \_\_\_\_\_  
mm      dd      yr

Have you ever been associated with the University of Florida prior to this assignment?    Yes    No

UFID Number: \_\_\_\_\_      GatorLink ID (GLID): \_\_\_\_\_

Name: \_\_\_\_\_  
First      Middle      Last  
*(Important! Name must be as it appears on the social security card)*

Gender:    Male    Female      Marital Status:    Single       Married       Other \_\_\_\_\_

Race and Ethnicity Information:       Asian       American or Alaska Native  
 Black or African American       Hispanic       Latino  
 Native Hawaiian or Other Pacific Islander       White  
 Other \_\_\_\_\_

Citizenship Status:    Citizen       Non-Citizen National of US  
 Non-Resident Alien       Perm Resident

Highest Education Level:       2-Yr College       Bachelor       Doctorate       High School Grad  
 Less Than High School       Tech School       MD, DDS, JD  
 Some College       Master       Other \_\_\_\_\_

### Permanent Home Address & Phone

*(Permanent physical address: may/may not be a US address)*

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City: \_\_\_\_\_      County: \_\_\_\_\_

State: \_\_\_\_\_      Zip/Post Code: \_\_\_\_\_

Country: \_\_\_\_\_      Phone: \_\_\_\_\_

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**Company Information**

Company Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip/Post Code \_\_\_\_\_

Country \_\_\_\_\_

Duration of Assignment: \_\_\_\_\_

**Company Billing Contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Use the space below to list the town and state of the past 7 years of residency:**

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**DEPARTMENT USE ONLY**

Start Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Department ID: \_\_\_\_\_

SSN: \_\_\_\_\_ UFID: \_\_\_\_\_

**Business Address & Phone***(UF Address: Line 1, PO Box)*Mailing Address\* *(PO Box)* \_\_\_\_\_Physical Address\* *(Work Location)* \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Post Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone\*: \_\_\_\_\_

Consultant will require a GatorLink ID?  Yes  NoConsultant will require UF email?  Yes  NoConsultant will require a Gator1 Card?  Yes  No

If yes, access areas include: \_\_\_\_\_