

Intern 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: _____

Company Information

Company Name: _____

Mailing Address _____

City _____ County _____

State _____ Zip/Post Code _____

Country _____

Duration of Assignment: _____

Company Billing Contact:

Name: _____

Phone: _____ Email: _____

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

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 No

Consultant will require UF email? Yes No

Consultant will require a Gator1 Card? Yes No

If yes, access areas include: _____