
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 #: _____

Do you have another position on campus? Yes No If yes, # hours/week? _____

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: _____