STUDENT EMPLOYMENT DATA FORM
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

To assist the University in fulfilling its obligations under federal and state reporting requirements as well as internal record keeping; you are requested to provide the following information.

1. Name: _____
   Last First Middle

2. Social Security Number: _____

3. Student ID: 85_____

4. Alternate ID, if different than SSN._____

5. Gender: O Male O Female

6. Date of Birth: _____
   Month Day Year

7. Foreign Student: O No O Yes Citizenship Country: _____

8. Ethnic Origin:
   O American Indian or Alaskan Native*
   O Asian*
   O Black or African American*
   O Hispanic or Latino
   O Native Hawaiian or other Pacific Islander*
   O Two or More Races
   O White*

   *(Not Hispanic or Latino)

9. Educational Loan Default Certification:

   Illinois Public Act 85-0827 (5ILCS 385) requires that all state agencies obtain certification that employees hired after January 1, 1988 are not in default on educational loans from the State of Illinois or from other public funds. Are you in default for a period of six months or more AND in the amount of $600 or more, on the repayment of any educational loan guaranteed by the Illinois State Scholarship Commission or made from state or federal funds for the purpose of attendance at an institution of higher education?

   I am in default on an Educational Loan. O No OYes

   *If you are in default on the repayment of an educational loan, YOU must contact the lender and establish a repayment plan within six months of the date of your hire and have them provide us with a WRITTEN certification that the repayment plan is satisfactory. In accordance with the Act, failure to do so requires that the State agency shall terminate the individual's employment.

   Note: Falsification of this information may result in the termination of your employment.

I hereby certify that all the information provided on this document is true and correct, and I understand that misrepresentation or omission of information may constitute grounds for termination from Southern Illinois University.

Signature: _____Date: _____

E-mail address: _____Phone #:_____