**Add a Person of Interest (POI) Worksheet**

**Please return completed form to msedillo@uccs.edu.**

# 

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Today’s Date:** | | | | **Department Affiliation (Nursing, Health Sciences or Human Physiology and Nutrition):** | | |
|  | | | |  | | |
| **First Name:** | | **Middle Name/Initial:** | | **Last Name:** | | **Previous Last Name:** |
|  | |  | |  | |  |
| **Date of Birth:** | **Gender:** | | | **Prefix (Optional):** | | **Suffix (Optional):** |
|  | Male Female Not Disclosed | | |  | |  |
| **Highest Educational Level (Optional):** | | | | **Marital Status (Optional):** | | |
|  | | | |  | | |
| **SSN**- [Required for security & pre-employment POI types](https://www.cu.edu/employee-services/social-security-number-verification-use) (If you wish to provide verbally, please call your dept. contact): | | | | | | |
|  | | | | | | |
| **Address:**  Home  Mailing | | | | | | |
|  | | | | | | |
| **City:** | | | **State:** | | **Postal Code:** | |
| **Address 2 (Optional):**  Home  Mailing | | | | | | |
|  | | | | | | |
| **City:** | | | **State:** | | **Postal Code:** | |
| **Primary Phone Type:** | | | | | **Phone Number:** | |
| Campus  Cell  Dorm  Emergency  Business  Home  Main | | | | |  | |
| **Additional Phone Type (Optional):** | | | | | **Phone Number:** | |
| Campus  Cell  Dorm  Emergency  Business  Home  Main | | | | |  | |
| **Primary Email Type:** | | | | | **Email Address:** | |
| Campus  Business  Dorm  Home | | | | |  | |
| **Additional Email Type (Optional):** | | | | | **Email Address:** | |
| Campus  Business  Dorm  Home | | | | |  | |