

For your security, information entered into this form will not be saved when you close the document.  
Please return completed forms to the MET Dean's Office at 755 Commonwealth Ave., Room 103 Boston, MA 02215, or fax to (617) 353-6066.

## Personnel Record for Metropolitan College

### Please Complete in Full

Date: \_\_\_\_\_ Course Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Salutation First Name M.I. Last Name

### Student Contact Information

How can students contact you? Select all that apply:  Work Phone  Home Phone  Mobile  Email

When can students contact you? \_\_\_\_\_

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*The following information is required by the offices of Personnel and Payroll and will be held confidential.*

Academic Title (if applicable): \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ BUID: \_\_\_\_\_

Do you consider yourself to be Hispanic/Latino?  Yes  No

Country of Citizenship: \_\_\_\_\_  
(if not a US citizen, please attach copy of visa)

In addition, select one or more of the following racial categories to describe yourself:

Visa Type (if applicable): \_\_\_\_\_

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Visa Expiration (if applicable): \_\_\_\_\_