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BOSTON UNIVERSITY SUMMER TERM PERSONNEL RECORD FOR NEW HIRES

EMPLOYEE NAME:

Salutation

First Name

Last Name

HOME ADDRESS:

Street

City

State

ZIP

EMAIL ADDRESS:

Personal (required)

BU (if applicable)

PHONE NUMBERS:

Work

Home

Cell

Check if may be released to students:

☐☐☐

Are you a current BU Student?

☐ Yes ☐ No

Have you worked for BU in the past?

☐ Yes ☐ No

BU ID (if known)

Estimated Graduation Date

Previous BU Position/School

Date of birth

Social Security Number

*For your security, please do **NOT** enter your number here. Once you return the form, a secure mail link or telephone number will be given so you can provide the number securely.*

Check one of the following:

☐ US Citizen

☐ Other

(please specify)

☐ US Permanent Resident

Signature

Date