University of Arizona College of Medicine
Combined Data and CV Attestation/Release Form for Non-Salaried Faculty

1. FACULTY PERSONNEL DATA

Name: _____ UA Department: _____

Employer: _____

Business Address: _____ _____ _____
Street or PO Box City Zip

_____ _____ _____
Email Address Phone Fax

Home Address: _____ _____ _____
Street or PO Box City Zip

Preferred Mailing Address: __ Home __ Business

Ethnicity Code (reflecting UA system codes for tracking diversity)**:**

- ☐ A - American Indian
- ☐ B - African American
- ☐ H - Hispanic
- ☐ W - White (not Hispanic)
- ☐ O - Asian, South Pacific Islander
- ☐ NR - Do not wish to respond

2. CV ATTESTATION & RELEASE

I,_____
NAME DEGREE

hereby attest to the truth and accuracy of the attached C.V. and give College of Medicine Appointed Personnel permission to supply my Curriculum Vitae to the Dean and other College of Medicine and Department administrative offices. I understand that I will personally be contacted before my CV is given out to any other requesting person or agency.

_____
SIGNATURE DATE

_____
DEPARTMENT TITLE