

MASSACHUSETTS COLLEGE OF LIBERAL ARTS

Personal Data Sheet

Name _____
(Last) (First) (Middle)

Address _____
(Street)

(City/Town) (State) (Zip)

Social Security Number ____ - ____ - _____

Telephone Number (____) _____ - _____

Date of Birth ____/____/____

Sex: ____ Male ____ Female

Marital Status: ____ Married ____ Single

Highest Degree Earned _____

Person to contact in case of Emergency:

Name _____
(Last) (First) (Middle)

Address _____
(Street)

(City/Town) (State) (Zip)

Telephone Number (____) _____ - _____

Signature

Date

Return to: **Dean of Academic Studies, Eldridge Hall, Massachusetts College of Liberal Arts, North Adams, MA 01247** within five (5) working days.