

Louisiana State University
Health Sciences Center - Shreveport

PERSONAL DATA SHEET

Name _____

Marital Status _____ **Race** _____ **Sex** _____

Please check appropriate blank if you are a member of the following Retirement Systems:

State Employees _____ **Teacher's Retirement** _____

Other Retirement System _____

Do you have any relatives employed by LSUHSC? YES _____ NO _____

If yes, what relationship? _____

Person to be notified in case of emergency:

Name _____ **Relationship** _____

Address _____

Home Phone - Area Code () **Telephone #** _____

Work Phone - Area Code () **Telephone #** _____