TENNESSEE STATE UNIVERSITY EMPLOYEE VERIFICATION/UPDATE FORM

PLEASE PRINT/TYPE ALL DATA

Home Phone: (y:
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	· · · · · · · · · · · · · · · · · · ·
Type Visa:	Visa #:
Gender: F	Marital Status:
Graduation Date:	Institution:
s in any of the Black racial groups in, Puerto Rican, Cuban, Central or person having origins in any of the ic Islands. This area includes, for which was a person having origins in through tribal affiliation or communication.	r South America or other Spanish culture origin, e original peoples of the Far East, Southeast Asia, the example, China, India, Japan, Korea, the Philippine in any of the original peoples of North America, and who nity recognition.
City:	St: Zip:
Physician O	Office Phone:
a is a person who served on act Vietnam between February 28 her cases, and who received a confrom active duty for a service of Vietnam between February 28 her cases, and who received a confront a disability for a disability (i) rated at 30% dual has a serious employment e of a service-connected disability served on active duty during a	tive duty for more than 180 days if such active duty 8, 1961 and May 7, 1975 or (II) between August 5, discharge or release other than dishonorable; or connected disability if any part of such active duty 8, 1961 and May 7, 1975 or (II) between August 5, discharge or release other than dishonorable. compensation under laws administered by the 6 or more, or (ii) rated at 10 or 20 percent if it has disability; or (B) A veteran whose discharge or lity. war or in a campaign or expedition for which a dates:
	Graduation Date:

Date: _____

Employee Signature: