

## New Resident/Fellow Information Sheet

NAME: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Current Address\*: \_\_\_\_\_

Current Email Address\*: \_\_\_\_\_

Current Telephone\*: \_\_\_\_\_

If you were ever employed at Yale, please check status at time of employment:

Faculty       Student       Staff

U. S. Citizen?

Yes     No    If "No," country of citizenship \_\_\_\_\_

Race (to comply with government regulations):

Asian       Black/African American       White       Hispanic  
 American Indian     Pacific Islander     Hispanic/Latin (white race)

Gender:

Male       Female       Non-binary       I do not wish to answer

Number of years of graduate school (including medical school) completed: \_\_\_\_\_

Highest degree \_\_\_\_\_  
(Letters)      (Year)