**Faculty Database Information   
Boonshoft School of Medicine**

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| **Last Name** |  |
| **First Name** |  |
| **Middle Name** |  |
| **Preferred Name** |  |
| **Gender** |  |
| **US Citizen** |  |
| **Birth Date** |  |
| **SSN (last four digits)** For non-WSU employed faculty only. Needed for campus account. |  |
| **Preferred Email Address** Note: WSU email address will be used for WSU-employed faculty. |  |
| **Home Address** Street, City, State, Zip Code |  |
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| **Home or Cell Phone** |  |
| **Office Address** Street, City, State, Zip Code |  |
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| **Office Phone** |  |