



# FBRI Non-Employee Form

Name: \_\_\_\_\_ SSN # \_\_\_\_\_ VT ID # \_\_\_\_\_  
only provide if Non-VT provide if VT Student or VT Employee

**Home Address:**

\_\_\_\_\_  
(STREET)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP)

Do you wish to have your home address and phone number listed in the campus directory? Yes  
No

Home/Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic Race: \_\_\_\_\_

Citizen:  Yes  No If no, Country of Citizenship: \_\_\_\_\_ Visa Type: \_\_\_\_\_

**FBRI Information:**

Effective Dates of Appointment with FBRI: start date: \_\_\_\_\_ end date: \_\_\_\_\_

FBRI Lab for Appointment: \_\_\_\_\_

Virginia Tech Student:

Undergraduate Major \_\_\_\_\_ IHSR Student: Yes  
 Master's/GRAD Major \_\_\_\_\_ No  
 Doctoral Major \_\_\_\_\_  
 Medical Major \_\_\_\_\_

Other Student:

High School School Name: \_\_\_\_\_ Major: \_\_\_\_\_  
 Undergraduate School Name: \_\_\_\_\_ Major: \_\_\_\_\_  
 Master's School Name: \_\_\_\_\_ Major: \_\_\_\_\_  
 Doctoral School Name: \_\_\_\_\_ Major: \_\_\_\_\_  
 Medical School Name: \_\_\_\_\_ Major: \_\_\_\_\_

Faculty Collaborator / Visiting Scholar / Researcher / Postdoc (Adjunct Letter Preferred)  
Institution & Department Name: \_\_\_\_\_

Staff Research Collaborator  
Institution & Department Name: \_\_\_\_\_

Please return the completed form to [hr@vtc.vt.edu](mailto:hr@vtc.vt.edu) and if you have any questions, let us know!