

# GRADUATE RESEARCH ASSISTANT INFORMATION SHEET

Name \_\_\_\_\_

Please provide:

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

UWG E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please return form to:

Elmira Eidson  
History Department, TLC 3200  
University of West Georgia  
1601 Maple Street  
Carrollton GA 30118  
678/839-6508  
678/839-4160 (fax)