

Official Use Only
INFORMATION REQUEST FOR U.S. and FOREIGN NATIONAL
For General Access Area (GAA) Visit ONLY

Once completed, this form will be protected as Official Use Only to protect personal information.

Red Field Labels indicate a required field (if applicable).

Personal Data			
Family (Last) Name		Birth State/Region/Province	
Given (First) Name		Birth Country	
Middle Name (if none indicate NMN)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		Country of Citizenship	
Birth City		Dual Country of Citizenship	
Social Security #	-		
Employment (if currently a student, list University here)			
Full Employer Name (no Acronyms)		Postal Code	
Address		E-mail Address	
City		Business Telephone	
State/Region/Province		Title or Position/Duties	
Country			
Lawful Status Information (NON U.S. CITIZENS ONLY)			
U.S. Lawful Permanent Resident Information			
Lawful Permanent Resident?	<input type="checkbox"/> Yes (fill out information on right only)	LPR number	
		LPR expiration date	
		Drivers License number	
	<input type="checkbox"/> No (fill out information below only)	Drivers License expiration date	
Passport Information (if dual citizen, only list the passport which you will enter the U.S. with)			
Passport Number	Expiration Date	Passport Country	
Visa Information (if applicable; indicate type of visa or EAD, BCC, State ID)			
Type	Expiration Date	Control Number	
If Visa is J-1 List DS-2019	Date Issued	Expiration Date	SEVIS Number
If Visa is F-1 List I-20	Date Issued	Expiration Date	SEVIS Number
Lawful Status Supporting Documentation (if travelling from outside the U.S., the I-94 may be presented upon arrival)			
I-94	Date Issued	Expiration Date	Departure Number (or indicate "stamp")

Note: All original documents must be presented at the badge office.

VISITOR COORDINATOR/ADMIN USE ONLY

By checking this box I acknowledge that I have checked all of the listed Lawful Status Documents and certify that they are original and valid.

Host: _____ Org: _____ Phone: _____

Originator: _____ Org: _____ Phone: _____

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