

Foreign Visitor Information Sheet
(Please TYPE OR PRINT)
DO NOT LEAVE ANY ITEM BLANK

Please complete entire form. Do not leave any line item blank. If not applicable, indicate with "n/a."

FAX completed form along with a CLEAR (lightened) photocopy of the photo page of your VISA and/or valid passport to:

Donna Cochran, NASA/GSFC, 301-286-4699 (FAX)

Completed forms must be completed, signed, and faxed to Donna Cochran a minimum of 60 days prior to the event date you wish to attend. If you have any questions regarding the completion of this form please contact Donna Cochran @ 301-286-8258.

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(Please TYPE OR PRINT)
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First Name: _____

Middle Name or Initial or NMI (No Middle Initial): _____

Last (or Family) Name: _____

Gender: Male _____ Female: _____

U.S. Social Security Number (if applicable): _____

Currently in US? _____ YES _____ NO

Desired Start Date: _____ Desired End Date: _____

Are you a Permanent Resident Alien (Greencard Holder): No ____ Yes ____

If Yes, Number: _____; Expiration Date: _____

Date Issued (mm/dd/yyyy): _____

Expiration Date (mm/dd/yyyy): _____

Country of Citizenship: _____

Date of Birth: Month _____ Day _____ Year _____

Country of Birth: _____ City of Birth: _____

Permanent Home Address:

Place & Date of Entry into U.S.: _____

Current U.S. Address (if applicable): _____

NASA Installation to be visited: _____ GSFC _____

NASA Point of Contact: _____

Affiliation or Employer:

Institution or Company Name: _____

Street Address: _____

City: _____

State/Country: _____

Zip Code: _____

Title or Position and Duties:

Phone Number: _____

Fax Number: _____

E-mail Address: _____

NAME: _____

U.S. Visa Information:

U.S. Visa Type (e.g.; B-1/B-2, H-1B, J-1, F-1, etc): _____

Visa Number: _____

Visa Expiration Date (mm/dd/yyyy): _____

If J-1, name of U.S. Program Sponsor (attach IAP-66): _____

Passport Information:

Country of Issue: _____

Passport Number: _____

Passport Expiration Date (mm/dd/yyyy): _____

Interpreter needed: _____ YES _____ NO

Business Type conducted by Employer: _____

Educational Background _____

Field of Research _____

Biographical Remarks _____

Printed Name

Signature

Date sent via FAX