

## NASA FOREIGN VISITOR INFORMATION SHEET

Dear Sir/Madam:

In order to facilitate your planned/requested visit to a NASA installation, please provide the information on the attached sheet as soon as possible.

- Also, please include a copy (preferably scanned if possible) of your VISA / PASSPORT as that must accompany the paperwork to the International office.**
- Please, be sure to list the time frame of your last visit (located on the form) this makes it easy for me to locate your previous paperwork, if necessary.**

This information should be returned to:

**[JoanRurka@grace.nascom.nasa.gov](mailto:JoanRurka@grace.nascom.nasa.gov)**

**FAX: 301-286-0264**

**Office: 301-286-2961**

Thank you in advance for your cooperation.

*Joan Rurka  
Administrator of SOHO Experimenters Analysis Facility*

**Foreign Visitor Information Sheet**  
(Please TYPE OR PRINT)

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): \_\_\_\_\_  
Are you a Permanent Resident Alien (Greencard Holder): No \_\_\_\_\_  
If Yes, Number: \_\_\_\_\_; Expiration Date: \_\_\_\_\_  
Date Issued (mm/dd/yyyy): \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_  
Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_  
Permanent Home Address: \_\_\_\_\_  
Husband or Wife's Name (include maiden name, where applicable)  
\_\_\_\_\_

Place & Date of Entry into U.S.: \_\_\_\_\_  
Current U.S. Address (if applicable): \_\_\_\_\_

NASA Installation to be visited: \_\_\_\_\_  
NASA Point of Contact: \_\_\_\_\_  
Planned dates of visit (inclusive): \_\_\_\_\_

**\*\*\*Previous dates of your visit to Goddard if applicable:** \_\_\_\_\_  
**\*\*\*Purpose of visit\*\*\*\*** \_\_\_\_\_

**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: \_\_\_\_\_

**U.S. Visa Information:**

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