

### Locator Sheet for Student Programs

Please fill out the following information regarding your address and telephone number to supplement the information that you already provided in your application. We will use this information in case we need to contact you prior to, or during your internship. (Please print)

NAME: \_\_\_\_\_

LOCAL ADDRESS while working at the Department of State:

\_\_\_\_\_

Local phone \_\_\_\_\_

PERMANENT ADDRESS:

\_\_\_\_\_

Permanent phone \_\_\_\_\_

OTHER CONTACT NUMBERS:(School) \_\_\_\_\_

(E-mail) \_\_\_\_\_

(Cell Phone)\_\_\_\_\_

**To help us plan for your arrival, please complete the following:**

- What date will you be available to begin your internship? \_\_\_\_\_
- What date do you plan to terminate your internship? \_\_\_\_\_
- If at any time you worked for the Federal Government, please forward a copy of your latest SF-50 (Notification of Personnel Action). You can fax it to us at (202) 261-8842, Attn: Student Programs Coordinator.
- If you are disabled and need special accommodations, please provide details here. If you need special accommodations, and do not request them in advance, there could be a delay in arranging them.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I must meet security requirements prior to receiving a final offer of participation in the Intern Program or traveling to my post of assignment to begin my internship. I understand that I **must** provide your office with proof of medical coverage for overseas assignments. You can fax the form to us at 202-261-8842, Attn: Student Programs Coordinator. I will advise the Department of State in writing of any change in my status.

Signature \_\_\_\_\_