



Users Office, International Services

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Professional, Emergency and Healthcare Contact Information Sheet

This form must be completed before a Fermilab ID Badge will be issued, renewed or extended.

You must answer all questions!

PART 1 – PROFESSIONAL CONTACT INFORMATION

You must list below any new information, or indicate below that no changes have occurred since your last Fermilab Visitor ID Badge Issuance. Failure to properly maintain up-to-date information with the Users' Office can result in your Fermilab Visitor ID Badge being terminated and your onsite access being limited. If you need to review a copy of your last Fermilab Visitor ID Badge Application or this Information Sheet, please ask a Users Office representative to provide this to you.

YOUR NAME	Last	First	Middle	ID Number (if known):
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PROFESSIONAL CLASS	<input type="checkbox"/> Physicist (PhD.) <input type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate <input type="checkbox"/> Other (specify): <input type="checkbox"/> Post Doctorate <input type="checkbox"/> Engineer <input type="checkbox"/> Technician
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HOME INSTITUTION	Name of Home Institution	City	Country
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HOME INSTITUTION	Your Department within the Institution	Main telephone number for that Department
	<i>For Students and PostDocs</i>	<i>For All Others</i>

Reason for Presence at Fermilab	Who told you to come to Fermilab? <input type="checkbox"/> Thesis Advisor <input type="checkbox"/> Other Professor within your Department <input type="checkbox"/> A Professor within your Experiment (not the spokesperson) <input type="checkbox"/> Chair / Dean of your Department <input type="checkbox"/> Experiment Spokesperson <input type="checkbox"/> Another person: (Name title or role):	What is your professional capacity: <input type="checkbox"/> Employed by a company or business <input type="checkbox"/> Employed by a university or similar institution as a researcher <input type="checkbox"/> Employed by a university or similar institution as a professor <input type="checkbox"/> Employed directly by a government agency <input type="checkbox"/> Employed by a national laboratory <input type="checkbox"/> Employed by another type of organization (Explain): _____ <input type="checkbox"/> Not employed, but affiliated with another organization (Name the organization): _____ <input type="checkbox"/> Other (Explain): _____
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For the person referenced above, provide the following information:

Contact Data	Last Name	First Name	Title
	Telephone	Alt. Telephone	Email
	Organization / Institution Name		Institution Website

EXPERIMENT / DEPARTMENT @ FERMILAB	Name of Your MAIN Experiment/Division at Fermilab	Name of that Experiment's Spokesperson or that Division's Head
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PART 2 - EMERGENCY CONTACT INFORMATION

CONTACT PERSON FOR EMERGENCIES	Name	Relationship to You	Please indicate the best way to contact this person	<input type="checkbox"/> Email
		<input type="checkbox"/> Address		<input type="checkbox"/> Telephone

SIGNATURE

I CONFIRM THAT ALL OF THE ABOVE-LISTED INFORMATION IS TRUE AND COMPLETE. I further confirm that I will promptly advise Fermilab's User's Office of any changes in any of the above-listed information during the year following the date of this application. I understand that if I fail to advise the Users' Office of any changes in the above-listed information, my Visitor's ID Badge can be terminated and my access to the Fermilab site thereby limited.

ID Applicant Signature _____ Today's Date: _____

PRIVACY NOTICE

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