‡ Fermilab

International Services, Visa Office

HR Services, Workforce Development and Recruitment Section (Phone) 630.840.3933 / 4203 (Fax) 630.840.3688

visaoffice@fnal.gov

Facsimile Sheet

То:	Visa Office	From:					
Date:		Home Institution:					
Fax #:	1-630-840-3688	Email (please print clearly):					
Pages:	1 (only this page)						
Subject:	Information for					<u>(y</u> our name	e here)
	Desired Arrival Date	at Fermilab:					
	Desired Length of V	isit at Fermilab: from _			_ to		
Informatio	n:						
Birth date: /	Month:	Day:			Year:		
Passport Nu	mber:						
	t Issued Passport:						
Place of birth: City:							
Country(ies) of Citizenship(s): _						
U.S. Consul	ate where you applie	ed:					(city)
Date you submitted your visa application: Month:				Day:		Year:	
Date of your visa interview: Month:			Day:		Year:		
Other Com	ments:						

The Visa Office will contact you within three (3) business days of receipt of this form. If you do not hear from us by then, please email <u>visaoffice@fnal.gov</u> to ensure we received the fax.

You **must** <u>not</u> email this information, as electronic transmission of this type of information violates regulations imposed by the U.S. Department of Energy. You may fax it or mail it. Please contact <u>visaoffice@fnal.gov</u> if you have questions or concerns.