



Foreign National Personal Data and Programmatic Justification

This form is to establish background information on Foreign Nationals.

Section A: Participating Requestor Information

Name of Alliance Center, DOE laboratory, or laboratory program and directorate requesting access	
Name of ASC authorizer point of contact (POC) or laboratory Principal Investigator (PI)	
ASC authorizer's POC or laboratory PI's phone number	ASC authorizer's POC or laboratory PI's e-mail

Section B: Foreign National Information

Last name	First name	Middle initial
Current residence address		
Phone	E-mail address	
Country of citizenship	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Dual Citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify country of second citizenship:		
Passport type (or country)	Passport number	Passport expiration date
Are you an immigrant alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of visa <input type="checkbox"/> Permanent Resident Alien (PRA) Visa - PRA Visa number: _____ <input type="checkbox"/> Other, please specify: _____ Visa number: _____		
Expiration date of visa:		
I-94 number	I-94 expiration date	
Place of birth	Date of birth	Date arrived in U.S.
Home country address		
Current employer and position (include complete employer address)		Current position at university (if different than employer)
Current work location (include complete address if different from above)		
Educational background (i.e., degrees and dates)		

Fax or mail completed forms to LLNL POC or to LC Customer Service Group

Lawrence Livermore National Laboratory, PO Box 808 L-63, Livermore CA 94551 • Fax (925) 422-0592

Questions? Contact the LC Customer Service Group by phone at (925) 422-4531, Option 2 or send e-mail to lc-support@llnl.gov



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Section B: Foreign National Information (cont.)

Last employer and duties in home country	Last university attended in home country
Affiliations with home country institutions (government or private)	
Computing system foreign national would like to access	
Please list why such access is essential to the Alliance Center's or Program's progress and success. It is preferable that the justification be tied to a program (for instance, ASC) or an institutional milestone. Attach additional paper if necessary.	
Area of expertise	

Section C: Signatures

By signing below, the ASC authorizer or laboratory PI attests that the information provided above is complete and accurate and that all required notifications have been given.	
ASC authorizer POC or laboratory PI (please print)	Employee number
ASC authorizer POC or laboratory PI (signature)	Date
ASC Center Director/LLNL AD/Sandia VP/LANL Division Leader (please print)	
ASC Center Director/LLNL AD/Sandia VP/LANL Division Leader (signature) (Person responsible for the Local Area Network and the office environment of the FN)	Date

Section D: For Administrative Use Only

Date Processed	Processed by
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