



NIH FOREIGN VISITOR DATA REQUEST FORM
State Department Designated State-Sponsors of Terrorism
<https://www.state.gov/j/ct/list/c14151.htm>

VISITOR INFORMATION

Name (First, Middle, Last): _____
Date of Submission: _____
Phone Number(s): _____
E-mail Address: _____
Gender: _____
Country of Citizenship: _____
Date of Birth (MM/DD/YYYY): _____
Passport / Visa Type: _____
Passport Number: _____
Country of Issuance: _____
Issuance Date (MM/DD/YYYY): _____
Expiration Date (MM/DD/YYYY): _____
Visa Number (If applicable): _____
Visitor's Organization/Employer: _____

VISIT INFORMATION

Single or Multiple Visit Request: _____
Date(s) of Visit(s): _____
Purpose of Visit(s): _____
Building(s) to be Visited: _____
Room(s) to be Visited: _____
Will Critical Infrastructure be Visited? _____
Will FDA Laboratories be Visited? _____

HOST/ESCORT INFORMATION

Host Name: _____
Host Title: _____
Host Work Address: _____
Host Phone Number: _____
Host E-Mail: _____
Escort Name (if different than host): _____
Additional Information (if any): _____

The completed document should be sent via encrypted email to Dpdesignatedcountries@mail.nih.gov or faxed to 301-451-8488 - Attention: Guard Force Operations Branch to protect the Personally Identifiable Information captured on this form.