

Please note: advance approval is required for all non-U.S. citizens. This form **needs to be completed in full** and returned at least two weeks before date of visit. **PLEASE READ THOROUGHLY.**

NOTE REQUIRED DOCUMENTATION FOR SITE ACCESS:

Upon your arrival to Argonne National Laboratory, you must present your original INS documents. If a Permanent Resident, bring your "green" card and passport. If not, bring your original passport, visa, I-94, & any supporting documents (i.e., I-20 or DS-2019). NOTE: Legal Permanent Residents ("Green Card" holders) need to fill in their LPR (I-551) number and expiration date below, and **MUST PRESENT YOUR GREEN CARD** upon arrival. Above documents are required in order to obtain access onto our site.

Date of Visit: _____		Name of Group: _____	
Name of Visitor			
First/Given Name: _____		Middle Initial: _____	Last/Surname: _____
Gender of Visitor Male [] Female []	CITY of Birth _____	PROVINCE of Birth _____	COUNTRY of Birth _____
Date of Birth(mm/dd/yy): _____			
Country of Citizenship: _____		Dual citizenship? Do you have a Permanent Resident Card (I-551) a/k/a LPR & "Green Card"? Yes____ No____ If so, list country: If YES, you MUST provide the following: I-551 Card #: _____ And Expiration Date: _____ ATTACH COPY & BRING ORIGINAL	
Visa Control Number: _____ Type of Visa: _____ ATTACH COPY & BRING ORIGINAL Expiry date (mm/dd/yy): _____ I-94 # _____ Departure Date _____		Passport No. _____ Country of Issue: _____ Expiry Date (mm/dd/yy): _____ ATTACH COPY & BRING ORIGINAL	If traveling on a Visa Waiver (I-94W), please supply: Visa Waiver (I-94W) No.: _____ Departure Date: _____ ATTACH COPY & BRING ORIGINAL
Work Phone: _____ Fax: _____ Home Phone: _____ E-mail: _____ Name and Address of Current Employer (if not currently employed, name of previous employer): _____ Type of Business (e.g., government, company, laboratory, university) _____		Name and Address of Place of Work (if different from previous entry) Name: _____	
Street: _____		Street: _____	
City: _____	State/Province: _____	City: _____	State/Province: _____
Zip Code: _____	Division: _____	Zip Code: _____	Division: _____
Country: _____		Country: _____	
Title, Position, or Description of Visitor's duties: _____ Field of Research: _____ Education Background (include university/college degrees and dates conferred): _____ _____ _____			

Return this completed form by fax: 630-252-5274 or e-mail patcanaday@anl.gov
Communications and Public Affairs, Argonne National Laboratory (phone: 630/252-5562)

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