



## FOREIGN VISITOR DATA REQUEST FORM (Iran, Syria, North Korea and Sudan)

VISITOR'S NAME (First, Middle, Last)	
PHONE NUMBER(S)	
DATE OF SUBMISSION	
GENDER (Male or Female)	
COUNTRY OF ORIGIN/CITIZENSHIP	
DATE OF BIRTH (MM/DD/YYYY)	
PLACE OF BIRTH (City and Country)	
PASSPORT NUMBER	
COUNTRY THAT ISSUED PASSPORT	
ISSUANCE DATE	
EXPIRATION DATE	
VISITOR ORGANIZATION/EMPLOYER	
MEETING START DATE AND TIME	
MEETING ENDING DATE AND TIME	
PURPOSE OF MEETING	
BUILDING(S) & ROOM NUMBER(S) TO BE VISITED	
WILL CRITICAL INFRASTRUCTURE AND/OR FDA LABORATORIES BE VISITED?	
HOSTING OFFICIAL (name, title, office/bldg., room number, and phone number)	
ESCORT INFORMATION (If different from Hosting Official)	
<b>Date approved and approving official</b> <i>This form will be signed only by Chief of Police or his designee.</i>	

*Submit completed form to Lt. Fredric Boyle @boylef@ors.od.nih.gov and DP Visitor Management @[ORSDPVisitorManagement@mail.nih.gov](mailto:ORSDPVisitorManagement@mail.nih.gov).*