

TO BE COMPLETED
BY FOREIGN
NATIONAL
EMPLOYEE

FDA

Visiting Scientist Check-in

Instructions - This form must be completed by foreign national employees of the Food and Drug Administration (FDA) at the start of Full-time equivalent (FTE) appointment employment. The FDA Center's administrative contact to the Division of International Services (DIS) should submit this form via secure e-mail to the assigned Immigration Specialist at DIS with the documents requested below, if applicable.

YOUR NAME

Family Name: _____

Given Name: _____

LOCAL U.S. HOME ADDRESS AND CONTACT INFORMATION

Note: A physical street address is required.

Street (Number and Name): _____

Apartment Number (If Applicable): _____

City: _____

State: _____

Zip/Postal Code: _____

FDA Email (REQUIRED): _____

Phone Number: _____

IN CASE OF EMERGENCY

Please list the individual that you wish to be contacted in the event of an emergency.

Family Name: _____

Given Name: _____

Telephone: _____

Email: _____

Relationship to you: _____

Preferred Language (if does not speak English): _____

CONSENT TO ACCESS FORM I-94 ARRIVAL/DEPARTURE RECORD

By signing the below, you give the Division of International Services (DIS) your consent to access your and your dependent family members' Form I-94 Arrival/Departure record from the U.S. Customs and Border Protection (CBP) I-94 retrieval website (<https://i94.cbp.dhs.gov>). This consent will remain valid as long as you are an active Visiting Scientist at the FDA.

(REQUIRED) Signature: _____

(REQUIRED) Date (Month/Day/Year): _____

IF ARRIVING FROM OUTSIDE THE UNITED STATES, REQUIRED DOCUMENTS FROM EMPLOYEE AND ANY DEPENDENTS:

- Passport Biographical Page
- U.S. Entry Visa (inside Passport)
- If not giving DIS consent to access (above): Current Form I-94