

DEPARTMENT OF HOMELAND SECURITY  
**FOREIGN NATIONAL VISITOR ACCESS REQUEST**

**INSTRUCTIONS**

In order to support visits by foreign nationals to DHS facilities and personnel, visitor hosts shall submit this form to DHS element Foreign Visit representatives (per element Foreign Visit Procedures) 30 days in advance of a visit (30 days or less) or 60 days in advance of an assignment (31 days or more). For purposes of this form, a foreign national is defined as a person who is not a citizen or national of the United States. This form shall be filled out for each visitor (including drivers, interpreters, etc.) and each program to be visited. Visitor hosts shall be notified upon approval or disapproval of the visit. If the visit may involve sharing or disclosure of classified information, the host must contact the DHS Foreign Disclosure Officer prior to the visit for guidance.

**FOREIGN VISITOR INFORMATION**

NAME OF VISITOR (LAST, FIRST, MIDDLE)		GENDER	DATE OF BIRTH (MM-DD-YY)
CITY AND COUNTRY OF BIRTH		COUNTRY(IES) OF CITIZENSHIP	
GREEN CARD <input type="checkbox"/> Yes <input type="checkbox"/> No	GREEN CARD EXPIRATION DATE (MM-DD-YY)		LAWFUL PERMANENT RESIDENT NUMBER
SOCIAL SECURITY NUMBER	VISA TYPE	VISA NUMBER	VISA EXPIRATION DATE (MM-DD-YY)
PASSPORT COUNTRY OF ISSUE		PASSPORT NUMBER	PASSPORT EXPIRATION DATE (MM-DD-YY)
CURRENT EMPLOYER / DIVISION / OFFICE		TYPE OF BUSINESS/ORGANIZATION	
EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP CODE, COUNTRY)			EMPLOYER PHONE NUMBER
VISITOR JOB TITLE / POSITION			VISITOR CONTACT NUMBER

**VISIT INFORMATION**

DATE OF REQUEST N/A	DHS VISITOR HOST NAME (LAST, FIRST MIDDLE) <b>NCBRT eLearning</b>	
HOST ORGANIZATION (ELEMENT, DIVISION, OFFICE) <b>National Center for Biomedical Research and Training</b>		
HOST PHONE NUMBER <b>1-866-221-1083</b>	HOST E-MAIL ADDRESS <b>elearn@ncbrt.lsu.edu</b>	HOST FAX <b>225-578-8973</b>
VISIT START DATE N/A	VISIT END DATE N/A	NUMBER OF DAYS ON SITE N/A

**UNCLASSIFIED** DESCRIPTION OF VISIT PURPOSE / SUBJECTS TO BE DISCUSSED / INTERNATIONAL AGREEMENTS  
**Online Training to enhance level of awareness and capacity to respond.**

FULL NAME OF ORGANIZATION AND PROGRAM TO BE VISITED  
**National Center for Biomedical Research and Training**

FACILITIES TO BE VISITED (INCLUDE BUILDING NAME/NUMBER, ADDRESS, ROOM NUMBERS, AND HIGHEST LEVEL OF CLASSIFICATION FOR WHICH THE FACILITY IS ACCREDITED – UNCLASSIFIED, SECRET, SCI,)  
 N/A

REMARKS (COORDINATION / SPECIAL REQUIREMENTS)  
 N/A

**REVIEWS**

FOREIGN VISIT COORDINATOR N/A	DATE N/A	PHONE N/A	FAX N/A
E-MAIL N/A	COMMENTS N/A		
INTERNAL SECURITY REP N/A	DATE N/A	PHONE N/A	FAX N/A
E-MAIL N/A	COMMENTS N/A		
APPROVAL AUTHORITY N/A	DATE N/A	PHONE N/A	FAX N/A
E-MAIL N/A	COMMENTS N/A		
OTHER REVIEWER  N/A	DATE N/A	PHONE N/A	FAX N/A
E-MAIL N/A	COMMENTS N/A		
OTHER REVIEWER  N/A	DATE N/A	PHONE N/A	FAX N/A
E-MAIL N/A	COMMENTS N/A		

PRIVACY ACT STATEMENT: The Privacy Act, 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. The collection of this information is authorized by EO 9397, 6 USC 341, 44 USC 3101, and EO 12958. Provision of the information concerning foreign visits is mandatory under the provisions of EO 12958. Failure to provide it may impact planned visits. Use of this information is for internal purposes to facilitate visitor processing.