



OSO | Office of Security Operations

FOREIGN VISITORS DATA REQUEST FORM

| VISITOR'S FULL NAME | First | Middle | Last |
|---|---|-------------------------------------|------|
| | | | |
| GENDER → | | DATE OF BIRTH (Month/Day/Year) → | |
| COUNTRY OF ORIGIN / CITIZENSHIP | | | |
| PLACE OF BIRTH (CITY AND COUNTRY) | | | |
| PASSPORT NUMBER | | | |
| ISSUING COUNTRY | | | |
| ISSUANCE DATE | | | |
| EXPIRATION DATE (Month/Day/Year) | | | |
| VISITOR'S ORGANIZATION/EMPLOYER | | | |
| MEETING (DATE/TIME) <small>You must obtain the date and time of the fingerprinting appointment prior to form completion.</small> | | | |
| PURPOSE OF MEETING | Fingerprinting appointment only | | |
| BUILDING(S) & ROOM NUMBER(S) TO BE VISITED | NCTR Badging Office – Bldg. 50 – Room 315 only | | |
| BUILDING ENTRANCE | NCTR Security Building | | |
| FDA LABORATORIES TO BE VISITED | N/A | | |
| HOSTING FDA CENTER | | | |
| HOSTING OFFICIAL | Name: | | |
| | Title: | | |
| | Office/Bldg.: | | |
| | Email: | Phone: | |
| ESCORT INFORMATION (If different from Hosting Official) | Name: | | |
| | Title: | | |
| | Office/Bldg.: | | |
| | Email: | Phone: | |

- Submit request(s) minimum of **five (5) business days** prior to visit for processing
- FDA Employees to send completed requests to: OSO-FOREIGNVISIT@fda.hhs.gov
- Separated attachments for multiple visitors.
- Handwritten or Incomplete form(s) will be returned

For questions please contact:

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John Martin (301) 796-8966

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