Foreign National Information Form

The Foreign National Information Form, <u>must be completed before you can receive any form of payment</u>. All applicable questions below must be answered.

Last:	First:	Middle:			
NAU/SS#		U S Local Street Address:			
Visa #					
Passport #					
Country of Citizenship:		City			
Country that issued Passport:		State	Zin		
Have you ever had another immigration status in the United States? Yes ☐ No ☐ if "yes" see page two Current Immigration Status: ☐ F-1 Student ☐ J-1 Exchange Visitor ☐ TN ☐ H-1 ☐ PAA Pending Adjustment Application		Phone Home /Permanent NAU Work Foreign Residence Address:			
☐ TPR Temporary Permanent Re☐ Other	esident				
If Immigration Status is J-1 what is the subtype? ☐ Student ☐ Short Term Scholar ☐ Professor ☐ Research Scholar ☐ Other		City Postal Code			
What is the Primary activity of the visit? ☐ Studying in a Degree Program ☐ Studying in a Non Degree Program ☐ Teaching ☐ Lecturing ☐ Observing ☐ Consulting ☐ Conducting Research ☐ Training ☐ Demonstrating Special Skills ☐ Clinical Activities ☐ Temporary Employee ☐ Here with Spouse		Province Region Foreign Country			
		Gender Male F	emale	Date of Birth /	
WHAT IS THE ACTUAL DATE YOU ENTERED THE U.S.? WHAT IS THE START YOUR IMMIGRATION				THE END DATE OF MIGRATION STATUS?	
Month Day Year	Month Day Year		Month	//_ Day Year	
Spouse in the U.S? Yes No Number of Dependents For Consultant /Self Service Employed Individuals: Do you/will you have an office (fixed base) in the U.S.A.? Yes No If yes, how many days in this tax year did you/will you have an office (fixed base)?					
Country of residence if different from foreign residence address: Did tax residency end? Yes No If yes, when?/					
Type of Employment? Undergraduate Student Worke Department you will be working		Temporary Em			

PLEASE LIST ANY VISA IMMIGRATION ACTIVITY IN THE LAST THREE CALENDAR YEARS AND ALL F, J, M OR Q VISAS SINCE 1985.

Date of Entry/Date of Exit/ Visa Immigration Status/J-					
	treaty benefits?				
//	Yes No				
Highest Educational Degree Obtained: ☐ High School ☐ 2 Year Coll ☐ Bachelors ☐ Doctora Are you a full time Student? ☐ Yes ☐ No	ite				
This section is voluntary . Submission of this information is vol adverse treatment. The requested information is consistent with our of federal and state reporting requirements and affirmative action monitounder the law.	bligations as a government contractor and needed to fulfill				
	al with a Disability				
☐ White ☐ Asian/Pacific Islander ☐ Yes [
☐ Black ☐ Hispanic					
American Indian/Alaskan Native					
Emergency Contact:					
Last	_First				
Relationship to Employee:					
Spouse Mother Brother Sister Daughter Son Neighbor					
Contact Address: Same as Employee Local Address Same as Employee Local Address	loyee Foreign Address				
Different than Employee	loyee Poleigh Address				
Street:	Contact Phone:				
	()() Home Daytime				
	Home Daytime				
City:					
State: Zip:	()() Pager Cell Phone				
StateZip	Pager Cell Phone				
I herby certify that all of the information on this Foreign National Form is true and correct. I understand					
that if my status changes from that which I have indicated on this form I must submit a new Foreign					
National Information Form to the Payroll Department.					

Signature: ______ Date: _____