



TEL: 212-753-7800 • FAX: 212-402-1737

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Middle Name*u†:

A-Number: (if any)

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Middle Name*u†:

A-Number: (if any)

Eqwpt { "qh'Dkt y < "Rtqxkpeg"qh'Dkt y < "Eqwpt { "qh'Ekk gpui k <

NO YES

Middle Name*u:

A-Number: (if any)

Eqwpt { 'qh'Dktj < "Rtqxlpeg"qh'Dktj < "Eqwpt { 'qh'Ekk gpui k <

NO YES

2

Given (First) Name:

Family (Last) Name:

Middle Name*u:

Date of Birth:

Sex:

Social Security Number:

A-Number: (if any)

A-

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Given (First) Name:

Family (Last) Name:

Middle Name*u:

Date of Birth:

Sex:

Social Security Number:

A-Number: (if any)

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Eqwpt { "qh'Dktj < "Rtqxlpeg"qh'Dktj < "Eqwpt { "qh'Ekk gpui kr <

""Tgncvkpuj k :

NO YES

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Given (First) Name:

Family (Last) Name:

Middle Name*u+:

Date of Birth:

Sex:

Social Security Number:

A-Number: (if any)

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""Tgncvqpui k :

NO YES

Y km'vj ku'r gtuqp'pggf 'c'xkucA

PLEASE ATTACH THE FOLLOWING DOCUMENTS
TO THE COMPLETED QUESTIONNAIRE

To be provided by the EMPLOYEE

1. If cp{ "f gr gpf gpw previously held J-1 or J-2 status, a copy of either a DS-2019 or a copy of the J visa stamp in beneficiary's passport.
2. Eqr lgu of y g"passport bio pageu"qh'cm'cee qo r cp{ lpi "f gr gpf gpw, current/previous U.S. Visa Stamp(s) and Form I-94 (if applicable), front and back.
5. If cp{ "f gr gpf gpv"ku presently or was previously in school in the U.S., a copy of the f gr gpf gpv's I-20 and Work Authorization Card (EAD card).
6. If cp{ "f gr gpf gpw"j cxg worked previously in the U.S., copies of ALL previous Approval Notices from the USCIS (Form I-797).