

Scientific User Disclosure Form

To be completed by persons authorized to use laboratory research facilities for approved research or education; who are involved in analysis of data taken with the research facilities; or who are involved in the development of instrumentation for the facility

Personal Name(s) _____
Enter as appears on passport or government-issued identification

Family Name _____

Are you a US Person (any individual who is a citizen of the United States, a permanent resident alien of the United States, or a protected individual as defined by 8 U.S.C. 1324b(a)(3)?

Yes No (***if “yes”, stop here and sign; if “no”, complete remaining items and sign***)

Citizenship(s)/residency(ies) _____
(List all countries currently holding citizenship/permanent residency, and indicate which is most recent)

Purpose of visit (include experiment # if applicable) _____

FRIB/NSCL contact _____

Dates (m/d/yy): Arrival _____ Leaving _____

Home Institution _____

Type of visa _____ Effective Dates _____

Will your visit be supported by any funds from Michigan State University or FRIB/NSCL?
Yes No Source of funds if “yes”: _____

My signature indicates that the answers above are complete and correct to the best of my knowledge.

_____ Date _____
Signature of Scientific User

Printed Name _____

