



SSRL User Information Form

Date Today: _____

Beam Line-Start Date: _____

Name: _____
First Middle Last Suffix

Email : _____

Institution/Company: _____

Department: _____

Street Address: _____ Mail Code : _____

City / Province: _____ State: _____

Country: _____ Zip Code: _____

Work Phone: _____ Lab Number: _____ Home Number: _____

Fax Number: _____ Cell/ Pager: _____

Emergency Contact Person: _____ Phone Number: _____

YEAR of Birth (XXXX): _____ Gender: Male: Female:

Race/Ethnicity:

American Indian/Alaskan Native Asian/Pacific Islander African American Hispanic White or Caucasian Information Not Provided

Any Other Names Used : _____ Subscribe to SSRL Headlines Newsletter : Yes No

Spokesperson: _____ Proposal No.: _____ Beam Line: _____

Relationship to SSRL (please select all that apply):

General User Participating/Partner Research Team (PRT) Staff Vendor / Contractor Visitor

Other (specify) : _____

Job Classification:

Undergraduate Graduate Student Postdoctoral Fellow Scientific / Professional Staff Faculty Self Employed Retired/ Emeritus

Other (specify) : _____

Highest Degree Earned and Year Completed :

High School _____ AA _____ AS _____ BA _____ BS _____ EE _____ JD _____ MA _____ MD _____ MS _____

PhD _____ DPhil _____

Citizen of (Name of Country): _____

If Not U.S. Citizen, Provide Country of Birth: _____

(For all non U.S. citizens, annually we must verify passport, visa and relevant USCIS documentation, including: I-94, I-20, I-797, DS-2019/IAP-66.)

Passport, Expiration Date, Country of Issue: _____

Visa Type, Expiration Date; Expiration Date of Relevant USCIS Documents (I-94, DS-2019/IAP-66, I-20, I-797): _____

If Permanent U.S. Resident Alien/Green Card, please provide Expiration Date (Mo / Da / Yr) : _____

Is this your first visit to SSRL? Yes No

Verified by: _____
Verified by: _____
Verified by: _____
URA Office Use Only

We recognize the time and effort needed to comply with this new requirement, and we appreciate your full cooperation with this effort.