

U.S. Person Verification Form

for access to USU Research Foundation/SDL Facilities

<u>Part 1</u> must be filled out by the visitor. <u>Part 2</u> must be filled out by the applicant's Security or Human Resource Office, certifying that the person requesting access to USU Research Foundation/SDL Facilities meets the requirements as outlined by ITAR Part 120.15.

PART 1: VISITOR INFORMATION (Completed by the visitor)		
Name:		Last 4 of SS #:
Business/Organization:		
Business Phone #:	Ema	ail:
Business Address:		
City:	State:	Zip Code:
Birth Date:	Place of Birth:	
U.S. Citizen:Yes No		
If no, Legal U.S. Permanent Resident:YesNo		
U.S. Permanent Resident Ca	ard Number:	
Point of Contact at USU Research	h Foundation/SDL:	
PART 2: U.S. PERSON VERIFICA	TION (Completed by vis	itor's Security or Human Resource Office)*
By signing below, the Security o accuracy of the information stat		cer certifies that they have verified the
Personnel Officer's Name:		Title:
Personnel Officer's Organization	n:	Phone#:
Personnel Officer's E-mail:		
Personnel Officer's Signature:		Date:
Return Completed Forms to: USU Research Foundation/Secur Fax: (435) 713-3240 Phone: (435) 713-3025	rity	
*The visitor listed in PART 1 cannot	ot self-certify.	