

SAMPLE ONLY

**APPROVAL REQUEST FOR A VISIT/ASSIGNMENT BY A FOREIGN NATIONAL
FROM A STATE SPONSOR OF TERRORISM**

Date:

To: Director
Office of Foreign Visits and Assignments, HS-72

From: Site Requesting the Visit/Assignments

Subject: Approval of a Foreign National from a Country Identified as a State Sponsor of
Terrorism

FACTS REQUEST#: _____

Visitor # _____

_____ Visit

_____ Assignment

_____ Extension of Assignment

(Please Check one)

1. Visitor Name:
2. Start and End Dates:
3. DOE Facility to be Visited/Assigned to:
4. Purpose: (Include Technologies to be accessed and whether or not Sensitive Subjects will be discussed)
5. Justification for Visit/Assignment: (Approval determination will be made based on the extraordinary nature of the potential visit/assignment, i.e. the desired outcome of the visit/assignment by the foreign national would be impossible to achieve through any other means)
6. Benefit and Impact (to DOE): (How will DOE benefit from having this Foreign National at it site?)
7. Site Point of Contact:
8. International Agreement Involved: Y/N If yes, list agreement.
9. Date of Birth:
Country of Birth:
Country of Citizenship:
10. Date of Last Visit to Place of Birth:

