

**GUEST DATA SHEET**

Please provide the following information. Items in **Red** are required for entry into our system.

<b>Have you ever been at Caltech before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, please provide Caltech UID:</b>			
<b>Last (Family) Name:</b>	<b>First (Given) Name:</b>	<b>M. I.</b>	<b>Birth Date (mm/dd/yyyy):</b>
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Mobile Telephone Number:</b>	<b>Email Address*:</b>	
<b>Local Residence - Street Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Postal Code:</b>	
<b>Are you currently enrolled in a degree program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If Yes, provide school name:</b>	
<b>Current Employer Name:</b>		<b>Employer Location (City, State and Country):</b>	
<b>Are there intellectual property issues?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, please explain.</b>			
<b><u>Please complete if you are a foreign national:</u></b>			
_____ (Initials) To the extent that I am not a U.S.citizen or permanent resident, I certify that I have an appropriate nonimmigrant status that authorizes me to be present in the United States and allows me to participate in this guest activity.			

**Primary Emergency Contact:**

<b>First Name:</b>	<b>Last Name:</b>	<b>M. I.</b>
<b>Relationship:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other		
<b>Emergency Contact Telephone (must have at least one phone number):</b>		

I understand that I must provide proof of full vaccination against COVID-19 prior to starting my assignment at Caltech. Information on how to submit proof of vaccination can be found [My COVID-19 Vaccination Documentation](#).

**Guest Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Caltech Division/Department please continue to page 2.**

Guest Name: \_\_\_\_\_

**Caltech Division/Department Only:**

<b>Start Date (mm/dd/yyyy):</b>	<b>End Date (mm/dd/yyyy):</b>	<b>Division/Department Name and Mail Code:</b>
<b>Detailed Description of Guest Activity:</b>		
<b>Caltech Sponsor Name:</b>	<b>Caltech Division/Department Contact Name:</b>	
<b>Type of Access:</b> <input type="checkbox"/> Electronic/Remote <input type="checkbox"/> On Campus	<b>Relationship between Guest and Caltech Sponsor:</b>	
<b>Export License Foreign Person Review:</b> Please contact the Office of Export Compliance for additional guidance: <a href="mailto:export@caltech.edu">export@caltech.edu</a> or visit <a href="https://researchcompliance.caltech.edu/compliance/export/foreign-person-reviews">https://researchcompliance.caltech.edu/compliance/export/foreign-person-reviews</a>		

**This is confirmation you have reviewed the Guest Guidelines and this Guest will not be used as a substitute for or displace a Caltech employee position. If the Guest was previously employed by Caltech, you are confirming that the Guest will not be performing any work that is the same or similar to the duties performed while they were previously employed by Caltech.**

**Sponsor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department/Division Approval Signature:** \_\_\_\_\_