

DOE FACTS* Questionnaire

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Legal Name: _____
 Given Name Middle Name Family Name Suffix

Are you a Citizen of the United States?

Yes _____ Skip the remainder of the form, THEN sign and date below.

No _____ Complete the remainder of this questionnaire, THEN sign and date.

I am a Citizen of: _____
 Please list ALL countries in which you currently hold citizenship.

Place of birth: _____
 City or Region Country

Do you have or have you previously had any affiliation (employed by, representative of, student, etc.) with an institution or company in any of the following countries?

Yes ____ No _____ If yes, please circle ALL that apply.

Algeria	Hong Kong	Libya	Syria
Armenia	India	Macau	Taiwan
Azerbaijan	Iran	Moldova	Tajikistan
Belarus	Iraq	North Korea	Turkmenistan
China	Israel	Pakistan	Ukraine
Cuba	Kazakhstan	Russia	Uzbekistan
Georgia	Kyrgyzstan	Sudan	

If yes, please provide details below:

Signature

Date