REQUEST FOR ALIEN INFORMATION & CERTIFICATION OF ELIGBILITY FOR PAYMENT OF INDEPENDENT PERSONAL SERVICES

Payee's U.S. Social Security Number or Taxpayer ID Number: _____

Full Name of Individual: _____

Foreign Address (Include Street Address, City, Country, Zip Code):

_____

_____

Country of Citizenship: _____

U.S.A. Address (Include Street Address, City, Country, Zip Code):

_____

_____

Date Entered U.S.A.: _____ VISA Class listed on the I-94 form or VISA: _____

Expiration Date on I-94 or VISA: _____

(Attach a copy of the I-94 or VISA which shows the status and expiration date)

Intended length of stay in the U.S.A. (if known)? _____

What is your primary purpose of being in the U.S.A. _____

_____

_____

Number of days to be spent at this institution _____

Number of U.S. institutions or organizations providing payment for personal services within the previous 6 months _____

If VISA status indicated is B-1, B-2, WB, WT, or TN complete the following declaration:

> I hereby certify, under penalties of perjury, that the activities to be performed by me, as detailed above, will last no longer than 9 days at this institution and I have not received payment for independent personal services from more than 5 institutions or organizations within the previous 6 months.
>
> _____
> Payee Signature
>
> _____
> Payee Print Name
>
> _____
> Date

If VISA status indicated is J-1 (Non-student) attach a letter of authorization from your sponsoring institution that states that you can receive payment for independent personal services from the University at Buffalo Foundation.