NY CREATES - SUNY Poly Non-US Person Visitor Clearance Form

Authorized Sponsor Submitting Name:

Authorized Sponsor Email:

VISITOR 1	VISITOR 4	
Legal First Name:	Legal First Name:	
Legal Last Name:	Legal Last Name:	
Date of Birth (MM/DD/YY):	Date of Birth (MM/DD/YY):	
Country of Citizenship:	Country of Citizenship:	
Visa Type:	Visa Type:	
Company/Employer:	Company/Employer:	
Title:	Title:	
Phone Number:	Phone Number:	
VISITOR 2	VISITOR 5	
Legal First Name:	Legal First Name:	
Legal Last Name:	Legal Last Name:	
Date of Birth (MM/DD/YY):	Date of Birth (MM/DD/YY):	
Country of Citizenship:	Country of Citizenship	
Visa Type:	Visa Type:	
Company/Employer:	Company/Employer:	
Title:	Title:	
Phone Number:	Phone Number:	
VISITOR 3	VISITOR 6	
Legal First Name:	Legal First Name:	
Legal Last Name:	Legal Last Name:	
Date of Birth (MM/DD/YY):	Date of Birth (MM/DD/YY):	
Country of Citizenship:	Country of Citizenship:	
Visa Type:	Visa Type:	
Company/Employer:	Company/Employer:	
Title:	Title:	
Phone Number:	Phone Number:	

DCN2208

Email 10 business days prior to visitor's expected arrival date to NY CREATES Security at ecommerford@sunypoly.edu and jkosakowski@sunypoly.edu. It is not necessary for Permanent Resident Card holders to be submitted, but they will be required to present their Permanent Resident Card at check-in. Printed copies are considered uncontrolled. Verify revision prior to use. Confidential when completed.