

Boston College Foreign National Identification Form

Human Resources Service Center
129 Lake Street
Room 100
Brighton, MA



Please complete the Foreign National Identification Form and Return to the Human Resources Service Center at 129 Lake Street or via email to HRSC@bc.edu

Basic Information

Last Name

Eagle ID

First Name

Middle Name(s)

SSN / ITIN

If you have no
SSN / ITIN, have
you applied for
one?

Department Name

Occupation at BC

Individual Information

Date of Birth

Phone Number

E-Mail Address

USA Local Address

Address Line 1

Address Line 2

Address Line 3

City

State Zip Code

Foreign Residence Address

Address Line 1

Address Line 2

Address Line 3

City

Postal Code Province / Region

Regional Postal Code

Country

Country

Country of Passport/
Citizenship

Passport Number

Passport Expiration
Date

Country of **Tax
Residence**

Visa Immigration Activity

Please list your current visa status in the first row.

In the following rows list any F, J, M or Q visa immigration Activity since 01/01/1985 or visa immigration activity in the last 3 calendar years.

Be sure to enter all data all the way through to the field farthest to the right (Last Day in the USA). For the First and Last Day in the USA fields, please use the 3-letter abbreviation for month in day-month-year format.

Immigration Status	J-I Subcategory	Primary Purpose of Visit	Tax Residence	Treaty benefit taken as	Visa Number	First day in the USA in this Status	Last day in the USA in this Status

Signature Page

I hereby Authorize Boston College to release information contained on the Foreign National Information Form to Windstar Technologies, Inc., P.O. BOX 800; Providence HWY,; Suite 13; Norwood, MA 02062-0800 for the following purpose: technical software support for the International Tax Navigator™ System.

I hereby certify that all of the above information is true, complete, and correct. I understand that if my status changes from that which I have indicated on this form I must submit a new Foreign National Information Form to the Payroll Department.

Signature

Date