

Please print clearly and complete all applicable questions. If an item does not apply to you, mark "n/a." The information requested below is strictly confidential and used for internal purposes only. It will enable us to correctly process your payment, determine your visitor status for tax purposes and apply for any tax exemption treaties on your behalf.

SECTION A – Individual Information

1. Prof./Dr./Mr./Ms./Mrs. _____ 2. Last Name _____ 3. First Name _____ 4. Middle Name _____ 5. Gender: F M X

6. Name at Birth, if different _____ 7. Date of Birth (mm/dd/yyyy) _____ 8. City of Birth _____

9. Country of Birth _____ 10. List all Countries of Citizenship _____ 11. Country of Legal Permanent Residence _____

12. Permanent Residence Address (No P.O. boxes) _____ 13. City _____ 14. State _____ 15. Postal Code _____

16. Home Phone Number _____ 17. Mobile Number _____ 18. Personal E-Mail _____

19. U.S. Address (if any) _____ 20. City _____ 21. State _____ 22. Postal Code _____

23. What will your relationship with the Getty be during your residency?
 Researcher/Intern/Scholar Guest Speaker/Consultant/Independent Contractor Other – please describe: _____

24. What type of payment will you receive from the Getty?
 Grant/Fellowship/Stipend – no services required Travel Other – please specify: _____

25. Indicate & Include U.S. tax identification number (if any).
If you do not have an SSN or ITIN, please proceed to Section B. U.S. Social Security Number (SSN) _____ Individual Tax Identification Number (ITIN) _____

SECTION B – Resident Status (U.S. citizens & permanent residents only need to complete question 1 for this section)

1. My status in the United States will be (mark only one box):
 US Citizen, Permanent Resident, Immigrant (green card holder) Employment Authorization Document (EAD) Applicant
 H-1B Visa Employee, B-1 Visa Business Visitor WB/WT Visa Waiver Program (ESTA)
 J-1 Visa: Professor, Research Scholar, Intern, Short-Term Scholar, or Specialist Canadian Citizen, Other: _____

2. What is your estimated date of arrival to the U.S. related this Getty visit? (mm/dd/yyyy) _____

3. What is your estimated date of departure from the U.S.? (mm/dd/yyyy) _____

4. Do you anticipate being in the U.S. more than 180 days this year? Yes No

5. Passport Number: _____ *Please e-mail a copy of the information page of your passport to osip@getty.edu

6. Please complete if you currently have a visa:
 Current Visa Type _____ Visa Number _____ Issue Date (mm/dd/yyyy) _____ Expiration Date (mm/dd/yyyy) _____

7. Have you attended and/or currently attending a U.S. educational institution? *If yes, please provide the following information:*

| Name of Institution | Period of Attendance |
|---------------------|----------------------|
| _____ | _____ |

8. Have you been in the U.S. prior to your visit to the Getty? ***If yes, please approximate the total number of days physically present in the U.S. for each of the last 7 individual calendar years beginning with the current year.***

| Calendar Year | Number of Days | Type of Visa | Visa Category | Calendar Year | Number of Days | Type of Visa | Visa Category |
|----------------------|----------------|--------------|---------------|---------------|----------------|--------------|---------------|
| <i>Example:</i> 2016 | 40 | J-1 | Trainee | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

ALL APPLICANTS PLEASE SIGN BELOW:

I hereby certify that the information submitted on this form and accompanying documentation is true, correct, and complete to the best of my knowledge. If I receive an extension of my visa status or if my visa/immigration status changes, I will notify the person that requested this form.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature _____ Date (mm/dd/yyyy) _____

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SECTION C - Additional Information

1. The name you would prefer to have listed on: Getty staff lists, your badge, your log in for Getty network systems and your e-mail. Please type this name below:

First Last

2. At what level do you speak English? Native Speaker Fluent Basic 3. What other languages do you speak? _____

SECTION D - Additional Addresses

1. Office Mailing Address (if any) _____ 2. Name of Institution _____ 3. Office Phone _____

4. City _____ 5. State _____ 6. Postal Code _____ 7. Country _____

8. Non-U.S. Address _____ 9. City _____ 10. State _____ 11. Postal Code _____
If you are not a U.S. citizen or permanent resident but currently living in U.S., please provide an address in your home country of citizenship

12. Non-U.S. Phone _____ 13. Non-U.S. Mobile Number _____ 14. Alternative E-Mail _____

15. Other Address (if any) _____ 16. City _____ 17. State _____ 18. Postal Code _____

19. Preferred Mailing Address: Home Office U.S. Non-U.S. Other

20. If you have any special mailing instructions for the Office of Scholars, Interns and Professionals, please describe your needs below:
Example: "I will be available in the office until June 30. After that time, I will be at my home address."

SECTION E - Current Work Information

1. Field of Study/Specialty: _____

2. Current Position (Enter **ONE** selection and its corresponding number from the list below): _____

| | | |
|--|--|-----------------------------------|
| 115. Professional and Scientists in Central Government | 215. University Undergraduate Students | 412. Author (Playwright, Poet) |
| 125. Professionals and Scientists in Regional Government | 219. University, Others (please specify) | 414. Film (or Stage) Producer |
| 135. Professionals and Scientists in City or Town Government | 242. Special School, Institute, or Vocational Teacher of Staff | 415. Composer or Musician |
| 143. Employee of International Organization | 320. Self-Employed Professionals | 419. Arts, Other (please specify) |
| 213. University Teaching Staff including Researchers | 334. Employee of Independent Institution or Corporation | 631. Film Maker |
| 214. University Graduate Students | 411. Artist (Graphic Arts) | |

SECTION F - Family Information

1. Marital Status: Not Married Married

2. Will any of your family members travel with you to Los Angeles and remain **for most or all of your stay**? Yes* No
**If yes, please list which family member and their length of stay below. Then, if applicable, please proceed to sections G and H.*

SECTION G - Family Information – Spouse/Partner Information

**Please e-mail a copy of the passport information page to osip@getty.edu. Disregard if spouse/partner is a U.S. citizen or permanent resident.*

1. Prof./Dr./Mr./Ms./Mrs. _____ 2. Last Name (Family Name) _____ 3. First Name _____ 4. Middle Name _____ 5. Gender: F M X

2. Date of Birth (month/date/year) _____ 6. City of Birth _____ 7. Country of Birth _____ 8. List of all Countries of Citizenship _____

9. Country of Legal Permanent Residence _____ 10. Passport Number _____ 11. E-Mail _____

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SECTION H - Family Information - Child/Dependent Information

1. If you have children/dependents, will they travel with you to Los Angeles and remain for the entire stay? Yes* No
 2. *If yes, please let us know the names and information of all children/dependents who will be accompanying you on your trip and complete the following sections below and please e-mail a copy of the passport information page to osip@getty.edu. **Disregard if child/dependent is a U.S. citizen or permanent resident.**

Child/Dependent #1

1. Last Name (Family Name) _____ 2. First Name _____ 3. Middle Name _____ 4. Gender: F M X
5. Date of Birth (month/date/year) _____ 6. City of Birth _____ 7. Country of Birth _____ 8. List of all Countries of Citizenship _____
9. Country of Legal Permanent Residence _____ 10. Passport Number _____ 11. E-Mail _____
12. Will your child/dependent need to be enrolled in school? Yes* No * If yes, please complete the following section.
 Pre-School (age 2 – 4) Elementary (age 5 – 10) Middle School (age 11 – 14) High School (age 15 – 18)

Child/Dependent #2

1. Last Name (Family Name) _____ 2. First Name _____ 3. Middle Name _____ 4. Gender: F M X
5. Date of Birth (month/date/year) _____ 6. City of Birth _____ 7. Country of Birth _____ 8. List of all Countries of Citizenship _____
9. Country of Legal Permanent Residence _____ 10. Passport Number _____ 11. E-Mail _____
12. Will your child/dependent need to be enrolled in school? Yes* No * If yes, please complete the following section.
 Pre-School (age 2 – 4) Elementary (age 5 – 10) Middle School (age 11 – 14) High School (age 15 – 18)

SECTION I - Emergency Contact Information

- | | | | |
|--------------|-------------------|---------------------|--------|
| _____ | _____ | _____ | _____ |
| Contact Name | Contact Telephone | Alternate Telephone | E-Mail |
| _____ | _____ | _____ | _____ |
| Contact Name | Contact Telephone | Alternate Telephone | E-Mail |

SECTION J - Personal Information Release – not required

- I authorized the Getty to release the information related to my activities and circumstances at the Getty, to the individuals listed below:
- Name: _____ Relationship: _____ Name: _____ Relationship: _____



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Office of Scholars, Interns, and Professionals
1200 Getty Center Drive, Suite 1100
Los Angeles, CA 90049-1688
E-mail: osip@getty.edu
www.getty.edu/osip

ALL APPLICANTS PLEASE SIGN BELOW:

Use of Likeness

In consideration of participation in Getty-related activities, I hereby agree and consent that biographical information, photographs, video and audio recordings of me, my voice, likeness, and appearance created by representatives of the Getty may be distributed and used by the Getty for performance, publication, reproduction or any other lawful purpose in any media now known or hereinafter devised.

Signature

Print Name

Date (mm/dd/yyyy)

**** ATTENTION NON-U.S. RESIDENT / NON-PERMANENT RESIDENT****
PLEASE E-MAIL THE INFORMATION PAGE OF EACH RELEVANT PASSPORT TO OSIP@GETTY.EDU **