

H-3 INFORMATION SHEET

Beneficiary: Please provide complete information

Family Name:		First Name:		Middle Name:	
SS Number:			Date of Birth:		
Foreign Address:					
US Address:			Telephone Number:		
			Fax Number:		
			Mobile Phone Number:		
Date of Arrival in the US:		Current Status:		I-94 Number:	Valid Until:
Job Title:			Salary:		

For Beneficiary, please include additional documents listed on attached sheet and Sign & Date this form certifying that all information provided herewith are correct and current.

I attest that the information provided is true to the best of my knowledge.

Signature: _____

Please print name: _____

Date _____



EVIDENCE PERTAINING TO THE BENEFICIARY

- Diploma and transcripts
- UNEXPIRED Passport
- Visa
- I-94
- Approval Notice(s) (if applicable)
- Resume
- Employment Certifications
- FOR EXTENSION: Pay stubs

I attest that the information provided is true to the best of my knowledge.

Signature: _____

Please print name: _____

Date _____

