

STATE UNIVERSITY OF NEW YORK
NEW PALTZ

CONSULTANT AGREEMENT ATTACHMENT
TO BE FILLED OUT BY CONSULTANT

Please complete the following inquiries:

1. U.S. Citizen? Yes _____ No _____
2. If not U.S. citizen, Country of citizenship: _____
Visa Type: _____ Expiration Date: _____
3. Do you have the legal right to accept employment in the U.S.?
Yes _____ No _____

Signature

Printed Name

Address

City, State, Zip Code

Telephone Number

NOTE: Please attach to the completed Consultant/Lecturer Requisition