

Form I-94 Departure Record

Admission (I-94) Record Number:	<input type="text"/>
Last/Surname:	<input type="text"/>
First (Given) Name:	<input type="text"/>
Birth Date (mm/dd/yyyy):	<input type="text"/>
Country of Citizenship:	<input type="text"/>
Sex:	<input type="radio"/> Male <input checked="" type="radio"/> Female
Passport Number:	<input type="text"/>
Passport Country:	<input type="text"/>
Date of Entry (mm/dd/yyyy):	<input type="text"/>
Date of Departure (mm/dd/yyyy):	<input type="text"/>
Class of Admission:	<input type="text"/>
Admit Until Date (mm/dd/yyyy):	<input type="text"/>