

## DS-2019 Request Form

### **Personal Information**

It is crucial that the information provided below match the information on your passport EXACTLY. Please attach a copy of your current, valid passport with this request form.

Surname/Family Name:

Given Name (first and middle):

Date of birth (MM/DD/YYYY format):

Gender:      Male              Female              Other

City of Birth:

Country of Birth:

Country of Citizenship:

Country of Legal Permanent Residence:

### **Address Information: Permanent Foreign Residence Address**

Note: This address must not be in the United States. Government regulations require the physical residence address; postal box addresses in the country of citizenship or legal permanent residence are not permitted.

Street Address:

City:                              State/Province:                              Postal/Zip Code:

Country:                              Telephone Number:

Email:

**Permanent US Address:** Use this section ONLY if you are currently residing in the United States.

Street Address:

City:                              State/Province:                              Postal/Zip Code:

US Phone Number:

If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.), please [email the Center for Global Engagement](#) or call 706-867-2858.

**Immigration Status Information**

Have you worked or studied in the United States within the past six months?

- No     If no, skip to the next section.
- Yes    If yes, list your most current or recent immigration classification:

If you are now in another non-immigrant status (for example: F-2, G-4, H-1B, E-2), you must include photocopies of your I-94 or your I-797 Notice of Approval with your supporting documentation.

Position in Country of Residence (Professor, student, research scientist, engineer, etc):

**Dependent Information**

Only a legally married spouse and children under 21 years of age are eligible for dependent status. Please attach a copy of the passport of your dependent(s). If you do not have any dependents, please skip to the next section.

Surname/ Family Name	Given Name (First/Middle)	Relationship to you	Date of birth (MM/DD/YYYY)	City of Birth	Country of birth	Country of citizenship

**Supporting Documentation**

All supporting documents required for this DS-2019 Request Form, must be submitted in order for a DS-2019 to be generated. These documents include, but are not limited to, copies of passport(s), Financial Affidavit, and financial documentation.

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