



VISITING INTERNATIONAL TEACHER (VIT) DS-2019 REQUEST FORM

100 North First Street, E-240 Springfield, Illinois 62777-0001

PART I – YOUR INFORMATION

MULTILINGUAL / LANGUAGE DEVELOPMENT DEPARTMENT

VITs placed with an Illinois school district who will participate in the J-1 Exchange Visitor (EV) Program under ISBE's sponsorship must complete this form to request the Form(s) DS-2019. Please provide all information requested and upload the completed and signed form to the shared folder provided by VIT program staff along with copies of your supporting documents. You will receive your DS-2019 form (and any family members' forms) via email along with further guidance on the J-visa application process. Please contact us at exchangeteachers@isbe.net with any questions.

SURNAME/PRIMARY NAME (EXACTLY as represented in the Machine- GIVEN NAME (EXACTLY as represented in the Machine-Readable Zone

Readable Zone [MRZ] of the passport)	[MRZ] of the passport)	
PASSPORT NAME (Last, First, Middle, Maiden)	BIRTHDATE (mm/dd/yyyy)	GENDER (Male/Female/Other)
CITY OF BIRTH (Unabbreviated name of the city where J-1 was born)	COUNTRY OF BIRTH	
COUNTRY OF CITIZENSHIP	COUNTRY OF LEGAL PERMANENT RESIDENCE	
FOREIGN ADDRESS	TELEPHONE NUMBER	
	EMAIL	
PART II – SPOUSE AND ANY CHILDREN INFORMATION (Only in-	clude family that will accompany you du	uring the program)
SURNAME/PRIMARY NAME (EXACTLY as represented in the <i>Machine-Readable Zone</i> [MRZ] of the passport)	GIVEN NAME (EXACTLY as represented in the Machine-Readable Zone [MRZ] of the passport)	
PASSPORT NAME (Last, First, Middle, Maiden)	BIRTHDATE (mm/dd/yyyy)	GENDER (Male/Female/Other)
RELATIONSHIP TO YOU SPOUSE or CHILD # (A	dependent child must be younger thar	n 21 years of age.)
CITY OF BIRTH	COUNTRY OF BIRTH	
COUNTRY OF CITIZENSHIP	COUNTRY OF LEGAL PERMANEN	T RESIDENCE
SURNAME/PRIMARY NAME (EXACTLY as represented in the <i>Machine-Readable Zone</i> [MRZ] of the passport)	GIVEN NAME (EXACTLY as represented in the <i>Machine-Readable Zone</i> [MRZ] of the passport)	
PASSPORT NAME (Last, First, Middle, Maiden)	BIRTHDATE (mm/dd/yyyy)	GENDER (Male/Female/Other)
RELATIONSHIP TO YOU CHILD # (A dependent child mus	t be younger than 21 years of age.)	
CITY OF BIRTH	COUNTRY OF BIRTH	
COUNTRY OF CITIZENSHIP	COUNTRY OF LEGAL PERMANENT RESIDENCE	

SURNAME/PRIMARY NAME (EXACTLY as represented in the <i>Machine-Readable Zone</i> [MRZ] of the passport)	GIVEN NAME (EXACTLY as represented in the <i>Machine-Readable Zone</i> [MRZ] of the passport)		
PASSPORT NAME (Last, First, Middle, Maiden)	BIRTHDATE (mm/dd/yyyy)	GENDER (Male/Female/Other)	
RELATIONSHIP TO YOU CHILD # (A dependent child must	st be younger than 21 years of age.)		
CITY OF BIRTH	COUNTRY OF BIRTH		
COUNTRY OF CITIZENSHIP	COUNTRY OF LEGAL PERMANENT RESIDENCE		
SURNAME/PRIMARY NAME (EXACTLY as represented in the <i>Machine-Readable Zone</i> [MRZ] of the passport)	GIVEN NAME (EXACTLY as represented in the <i>Machine-Readable Zone</i> [MRZ] of the passport)		
PASSPORT NAME (Last, First, Middle, Maiden)	BIRTHDATE (mm/dd/yyyy)	GENDER (Male/Female/Other)	
RELATIONSHIP TO YOU CHILD # (A dependent child must be younger than 21 years of age.)			
CITY OF BIRTH	COUNTRY OF BIRTH		
COUNTRY OF CITIZENSHIP	COUNTRY OF LEGAL PERMANENT RESIDENCE		
* If you need to request DS-2019 forms for more than 4 family members, please complete and submit an additional form.			
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PART III – EXCHANGE VISITOR CERTIFICATION (Please read	carefully and mark each attestation		
☐ I confirm that I have not been in J-visa status during the previou☐ I understand that EV and J-visa regulations require that I return	carefully and mark each attestation of stwo years. to my home country of legal residuals.	checkbox below) dence upon program completion	
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