



Illinois State Board of Education

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



Visiting International Teachers VISA Process Initiation

Please provide the following information below so that ISBE can begin your VISA process. The applicant should provide all information requested in this form and e-mail the completed form to exchangeteachers@isbe.net. **Please also send a copy of your passports.** You will receive a copy of your DS-2019 forms (including your family members) by email so that you may have a copy to set up an in-person interview with the US Embassy in your country of residence.

| PART I – YOUR INFORMATION | | |
|---|---|----------------------------|
| 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) |
| CITY OF BIRTH (Unabbreviate name of the city where J-1 was born) | COUNTRY OF BIRTH | |
| COUNTRY OF CITIZENSHIP | COUNTRY OF LEGAL PERMANENT RESIDENCE | |
| ADDRESS (Where you want the DS-2019 form to be sent to.) | TELEPHONE NUMBER | |
| | E-MAIL | |

| PART II – YOUR SPOUSE AND ANY CHILDREN INFORMATION | | |
|---|---|----------------------------|
| 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 <input type="checkbox"/> SPOUSE or <input type="checkbox"/> CHILD # _____ (A dependent child must be <i>younger than 21 years of age.</i>) | | |
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