

**VISITING INTERNATIONAL TEACHER (VIT)
DS-2019 REQUEST FORM**

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

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.

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 (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 include family that will accompany you during 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 <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>)		
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 <input type="checkbox"/> CHILD #_____ (A dependent child must be <i>younger than 21 years of age.</i>)		
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 <input type="checkbox"/> CHILD # _____ (A dependent child must be <i>younger than 21 years of age.</i>)			
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 <input type="checkbox"/> CHILD # _____ (A dependent child must be <i>younger than 21 years of age.</i>)			
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.**

PART III – EXCHANGE VISITOR CERTIFICATION (Please read carefully and mark each attestation checkbox below)
<input type="checkbox"/> I confirm that I have not been in J-visa status during the previous two years. <input type="checkbox"/> I understand that EV and J-visa regulations require that I return to my home country of legal residence upon program completion and that applying for another U.S. immigration status during my program may invalidate my EV program and J-visa status. <input type="checkbox"/> I understand that any activity that is NOT part of the EV program is restricted, including any employment outside of my teacher contract with my host school district. I will obtain approval from my host school district and ISBE for any academic or professional activity that is not part of my program. <input type="checkbox"/> I understand that J-1 EVs and their J-2 dependents must maintain valid health insurance for the entire duration of the program that meets or exceeds the minimum coverage requirements as defined by the U.S. Department of State. <input type="checkbox"/> I understand that I must demonstrate proof of personal funds (minimum \$3,000 USD) to cover my expenses upon arrival to the U.S. until I begin to receive my teacher salary payments. <input type="checkbox"/> I understand that I may only enter the U.S. up to 30 days prior to my program start date. I will check in with ISBE’s VIT program staff within 5 business days of my arrival to the U.S. and will attend ISBE’s required VIT orientation in September. <input type="checkbox"/> During my program, I will notify ISBE of any changes to my school assignment, teaching position, U.S. residential address, phone number, or email address within 10 days of such change, as required by EV program regulations. <input type="checkbox"/> I will complete the necessary onboarding paperwork for new employees and attend any new teacher orientation(s) as required by my host school district. I will maintain compliance with my host school district’s code of conduct, curriculum, performance evaluations, and professional expectations as agreed upon in my teacher contract. <input type="checkbox"/> I authorize ISBE to disclose copies of certain documents related to my EV program or immigration status to my host school district and/or federal agencies, if required to maintain compliance. <input type="checkbox"/> I hereby certify that the information in this form is accurate, that it is ultimately my responsibility to maintain my lawful J-visa status, and that any misrepresentation of information or failure to comply with EV program and J-visa regulations may result in program termination.

_____ **Digital or Original Signature**

_____ **Date**