



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

VIT DOCUMENT REQUEST/CONTACT INFORMATION CHANGE FORM

SECTION I - PERSONAL INFORMATION

FAMILY/SURNAME	GIVEN NAME
LOCAL (U.S.) ADDRESS (Number, Street, Apt., City, State, Zip Code) - <i>Note: Please provide the physical address where you live in the U.S. Your school or district's address is not acceptable.</i>	
EMAIL ADDRESS	U.S. TELEPHONE (Include Area Code)
CURRENT SCHOOL NAME	CURRENT SCHOOL ADDRESS

SECTION II - PURPOSE OF REQUEST

Check one of the choices below:

Replace DS-2019

Reason for reprint:

Lost

Damaged

Stolen

Replace my spouse and/or dependent's DS-2019 – Please provide the name(s) of the DS-2019(s) that need replacing

Spouse: _____

Dependent: _____

Dependent: _____

Dependent: _____

Travel Signature

Contact information update

Other, please specify: _____

As the undersigned, I understand the need to maintain my J-1 lawful immigration status. I also understand that immigration rules and regulations are subject to change and ultimately it is my responsibility to be aware of such changes. I attest that all of the information provided on this form is accurate.

Signature: _____

Date: _____