

J-1 EXCHANGE VISITOR INFORMATION FORM

University of Hawaii
Faculty & Scholar Immigration Services
2565 McCarthy Mall, PSB 102-106, Honolulu, HI 96822
Phone: (808) 956-9265 | Fax: (808) 956-5030
Email: todoki@hawaii.edu

Please bring this completed form to your registration appointment with FSIS. Also bring your (1) passport, (2) Form DS-2019, (3) I-94 card, and (4) completed Health Insurance Compliance Form and proof of insurance documents. If you have J-2 dependents, please also bring their passports, DS-2019s, I-94 cards, and proof of insurance documents.

Provide copies of this form and the above documents to your department secretary.

J-1's full name _____ Date _____

UH college/school/unit & department _____

U.S. work phone _____ U.S. home phone _____

Email address _____

U.S. home address _____
Street address (include apt. #, if any) City State Zip code

J-1 visa number (see J-1 visa in passport) _____

Arrival date in U.S. (mm/dd/yyyy) _____ Port of entry (city) _____

Spouse's name _____ Birth date _____ Visa type _____

Children (if more space is needed, continue on reverse side):

1. Name _____ Birth date _____ Visa type _____

2. Name _____ Birth date _____ Visa type _____

3. Name _____ Birth date _____ Visa type _____

4. Name _____ Birth date _____ Visa type _____

EMERGENCY CONTACT INFORMATION

(in case of serious illness or accident)

Must be a person in your home country

Name _____ Relationship _____

Street Address _____

City _____ State/Province _____

Postal/Zip Code _____ Country _____

Email _____ Phone _____ Fax _____