



DS-2019 VALIDATION FORM

Name _____ SEVIS#: N _____

Passport Expiration Date: _____ Visa Expiration Date: _____

Has your address here in Stillwater changed? ___Yes ___No

If Yes, Please list new address: _____

Expected Departure: _____ Expected Return: _____

Country Visiting: _____ **Note: If you are traveling to a country that is not your home country, it is your responsibility to find out the current visa requirements.**

Dependents Needing Travel Validation of DS-2019s:

Name: _____ SEVIS#: N _____

Name: _____ SEVIS#: N _____

Name: _____ SEVIS#: N _____

I certify that:

- The above information is true and correct.
- I will be taking my dependents with me if I will be out of the country for longer than 30 days.
- It is my intention to return to the US to continue my J-1 Exchange Visitor Program on or around the date listed above.
- I am aware that I will need to have a valid visa in my passport to re-enter the US.
- I have read the information provided by the ISS about travel.

Signature: _____ Date: _____

For ISS Use Only:

Supervisor Permission? Y / N Date Received: _____ Signed by: _____