

**J-1 Exchange Visitor Data Sheet**

complete every quarter and provide copies of any new documents

NAME (family)	(given)	(middle/maiden)	(nickname)
EWU ID #	COUNTRY OF CITIZENSHIP		COUNTRY OF LEGAL PERMANENT RESIDENCE
CITY OF BIRTH			COUNTRY OF BIRTH
GENDER (circle one)	DATE OF BIRTH (mm/dd/yy)	# OF DEPENDANTS	
MALE / FEMALE		PLEASE COMPLETE A DATASHEET FOR EACH DEPENDANT	

<b>Permanent (residence) address outside the US</b>	Address line 1	
	Address line 2, if any	
	City	
	Province or territory	
	Postal code	
	Country	
	Telephone (including country code)	
Email (e.g. Hotmail, Gmail, etc.)		

<b>EWU address (residence on or near campus)</b>	Dorm and Room Number	
	<i>or</i>	
	Street Address	
	City	
	State	
	Zip Code	
	Telephone (including mobile)	
Eagles Email Address		

**If these addresses change, you must update them within 10 days. We are required to report these changes to the government through your SEVIS record.**

**Immigration Information**

Visa Stamp # (Control Number)	I-94 Arrival Departure Card #
Visa Type (circle one) F-1 J-1 Other _____	I-94 Entry Date (mm/dd/yyyy)
Visa Expiration Date (mm/dd/yyyy)	I-94 Expiration Date or DS
Visa Number Of Entries (Circle One) 1 2 M	I-94 Port of Entry
Passport Number	SEVIS No. (I-20/DS-2019) N
Passport Expiration Date (mm/dd/yyyy)	SEVIS Program End Date (mm/dd/yyyy)
Passport Issuing Country	

FOR OFFICE USE ONLY: Registered/Validated in SEVIS:

Date \_\_\_\_\_

By (initials) \_\_\_\_\_

### Academic Information

<b>J-1 Exchange Visitors</b>	circle one:	Dual Degree	Exchange	Visiting Scholar
	Home Institution			
	Program of Study			

### Required Health Insurance

J-1 visa holders and their families are required by law to be enrolled in a health plan during their entire stay in the United States. EWU has a mandatory health insurance plan, required for **all international students**, which meets State Department minimum standards. Please refer to the brochure in your orientation folder or see the Student Health Center staff for details on the health insurance plan.

*I hereby certify that I am aware that I am required to purchase and maintain the EWU health insurance coverage during my stay at Eastern Washington University.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Do you have additional insurance? \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_

### Privacy

*The Family Educational Rights and Privacy Act (FERPA) is a US law that gives university students the right to have access to their education records, the right to seek to have the records amended, and the right to have some control over the release of personally identifiable information from the education records. This means that with a few exceptions, EWU staff cannot give out any information about you (other than directory information) without your direct written permission. If you would like family members (including a spouse) or others to be able to receive information about you, please list their names and relationship to you below. Students sponsored by an organization such as the CCIEE **must** include the sponsoring organization in their release; exchange students **must** include the name of their home institution. Otherwise all your files are completely confidential except as mandated by law. For more information on FERPA, see <http://access.ewu.edu/Records-and-Registration/Student-Records/FERPA.xml>*

Name	Relationship to You
	<i>Sponsor or Home Institution</i>

*I hereby authorize release of information only to the above named person(s). This authorization remains valid until revoked by me in writing.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Contact

Name of person to contact in an emergency (FAMILY, given)	
Relationship to you	
Language(s) your contact speaks	
Telephone number(s) including country code	