

F-1 and J-1 DEPENDENT SEVIS INFORMATION FORM

Please include with every request for a new dependent SEVIS document

Please print clearly

FULL NAME OF F-1 or J-1 VISA HOLDER AS IT APPEARS IN PASSPORT:
(Please Check one)

Last: _____ First: _____ Middle: _____

DATE OF BIRTH (mm/dd/yyyy): ___ / ___ / _____ GENDER: _____

ADDRESSES:

CURRENT LOCAL HOME ADDRESS: (No department addresses or P.O. Boxes)

LOCAL PHONE NUMBERS: Home: _____ Work: _____

CURRENT E-MAIL: _____

J-2 DEPENDENTS:

 (continue on back if necessary)

1) Last: _____ First: _____ Middle: _____

Relationship: (please check one) Spouse Son Daughter

City of Birth: _____ Date of Birth: (mm/dd/yyyy) ___ / ___ / _____

Country of Birth: _____ Country of Citizenship: _____

Country of Permanent Residency: _____

2) Last: _____ First: _____ Middle: _____

Relationship: (please check one) Spouse Son Daughter

City of Birth: _____ Date of Birth: (mm/dd/yyyy) ___ / ___ / _____

Country of Birth: _____ Country of Citizenship: _____

Country of Permanent Residency: _____

3) Last: _____ First: _____ Middle: _____

Relationship: (please check one) Spouse Son Daughter

City of Birth: _____ Date of Birth: (mm/dd/yyyy) ___ / ___ / _____

Country of Birth: _____ Country of Citizenship: _____

Country of Permanent Residency: _____

***Please attach financial certification as necessary.**

Signature

Date