



J-2 DEPENDENT EMPLOYMENT REQUEST FORM

This form is for J-1 exchange visitors to complete when reporting the arrival of J-2 dependents. Exchange visitors should bring this form along with the J-2's passport, visa stamp, I-94 and Form DS-2019 to the ISSS office during walk-in hours or with the J-1 during the check in process. Please complete the following information for ALL J-2 dependents, including children.

SECTION I: J-1 SCHOLAR INFORMATION

FAMILY NAME: _____ GIVEN NAME: _____

SEVIS ID#: _____ UNC PID#: _____

SIGNATURE: _____ DATE: _____

SECTION 2: J-2 DEPENDENT ARRIVALS: Please report your dependent's information below

1. FAMILY NAME: _____ GIVEN NAME: _____

SEVIS ID#: _____ DATE OF BIRTH (mm/dd/yyyy): _____

DATE OF ARRIVAL (mm/dd/yyyy): _____ EMAIL ADDRESS: _____

PHYSICAL ADDRESS (where dependent lives in the U.S.)

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

2. FAMILY NAME: _____ GIVEN NAME: _____

SEVIS ID#: _____ DATE OF BIRTH (mm/dd/yyyy): _____

DATE OF ARRIVAL (mm/dd/yyyy): _____ EMAIL ADDRESS: _____

PHYSICAL ADDRESS (where dependent lives in the U.S.) Same as above: Yes No If no, please complete:

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

3. FAMILY NAME: _____ GIVEN NAME: _____

SEVIS ID#: _____ DATE OF BIRTH (mm/dd/yyyy): _____

DATE OF ARRIVAL (mm/dd/yyyy): _____ EMAIL ADDRESS: _____

PHYSICAL ADDRESS (where dependent lives in the U.S.) Same as above: Yes No If no, please complete:

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

4. FAMILY NAME: _____ GIVEN NAME: _____

SEVIS ID#: _____ DATE OF BIRTH (mm/dd/yyyy): _____

DATE OF ARRIVAL (mm/dd/yyyy): _____ EMAIL ADDRESS: _____

PHYSICAL ADDRESS (where dependent lives in the U.S.) Same as above: Yes No If no, please complete:

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Revised 01/06/2015