Dependent F-2 Form I-20 or J-2 Form DS-2019 Request Form (Please Print Clearly)

Your Name:				Today's Date:	
	Surname/Primary	y Name		Given Name UofL ID Number:	
Your Visa Type	:: □ ^{F1} □ ^{J1}	Phone Number:	Email Address:		
A dependent fo	or immigration pu		ouse of the F1 or J	J1 Visa holder or their child under the age of 21 years old. Other relatives must apply	
DS-2019 does 1	not meet this add	itional amount, you	should submit a n	dependent. If your current financial funding source indicated on your Form I-20 onew bank statement with this form to cover the dependent cost of living. In addition, Joartment of State's insurance coverage upon their arrival on campus.	
PLEASE NOT	E: All informatio	n provided MUST b	e reported <u>exactly</u>	<u>y</u> as it appears on their passport.	
F2 dependent] J2 dependent	
1) Name:					
Su	rname/Primary N	lame		Given Name	
Relationship:	Spouse	Daughter	Son		
Date of Birth:	Month:	Day:	Year: _		
City of Birth: _				Country of Birth:	
Citizenship Country:			Country of Legal Permanent Residence		
Dependent's En	mail Address:				
2) Name:					
Su	rname/Primary N	lame		Given Name	
Relationship:	Spouse	Daughter	Son		
Date of Birth:	Month:	Day:	Year: _		
City of Birth: _				Country of Birth:	
Citizenship Country:				Country of Legal Permanent Residence	
Dependent's En	nail Address:				
3) Name:					
Su	rname/Primary N	Vame		Given Name	
Relationship:	Spouse	Daughter	Son		
Date of Birth:		Day:			
				Country of Birth:	
Citizenship Cou	ıntry:			Country of Legal Permanent Residence	
Dependent's En	mail Address:				
			You may call 85	52-6603, if you have any questions.	
		You will be c	ontacted by email	il when the document(s) are ready to be picked up.	
		P	ease indicate whi	ich campus you wish to pick them up:	
	B	selknap Campus, the	International Ce	enter, Jouett Hall on the second floor, M-F, 8:30 am - 5:00 pm	

___ HSC Instructional Building, RM 218 (By appointment)