ADDRESS & GENERAL INFORMATION FOR J1 SCHOLARS

Immigration requires that international students and scholars report their initial physical mailing/living address while they are in the United States under the J1 Program. You are also required to report any change of address within 10 days of moving to a new location. Please be sure to process your change of address by completing these two steps:

- Everyone should update their mailing addresses in Ulink by going to http://ulink.louisville.edu. This will provide all offices within the University your address change.
- J-1 Students and Scholars must submit the address change by emailing their new address to isss@louisville.edu.

(Please PRINT)
University Employee ID#: _________________________

SURNAME/PRIMARY NAME: ____________________________________________________________________

GIVEN NAME: _________________________________________________________________________________

PHYSICAL LOCAL ADDRESS: (If you have a P.O. Box, we must have a Physical address as well.)
Street: ________________________________________________________________________ Apt. __________
Please include street address, apartment number or building number
City: ____________________________ State: _________________________ Zip: _______________

Local Telephone: (_______) ____________________ Work Telephone: (_______) ______________________

Home Country Telephone: (_______) ____________________________________________________________

University Email Address: ______________________________________________________________________

Personal Account: ______________________________________________________________________________

Yes, I verify I have completed the J1 Online Orientation: ________________________________ Signature

Emergency Contact Information-May be a person in the US or in your home country:

Emergency Contact Name: ______________________________________________________________________
Street Address: __________________________________________ City: ____________________________
State or Province: _____________________________ Country: ______________________________
Postal Code: ____________ Phone: (______) ____________________________
Relationship: _____________________________ Email address: ____________________________

Office use only:  □ Validated in SEVIS  Date: ______________ By: _______________________
                     □ Updated PeopleSoft Date: ______________ By: _______________________
                     □ Met Insurance Requirements: UofL: PPO  EPO  Other: ____________________________

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