



J-2 Verification Form



Please complete and upload this form through the IIE Self-Service Portal with a copy of each J-2 Dependent’s passport biographical data page and proof of funding for your J-2 dependent(s). If necessary, attach an additional form noting additional family members’ biographical information. All these documents should be uploaded as one pdf file in the “J-2 Verification” category on the Self-Service Portal.

Your Name: \_\_\_\_\_ Country: \_\_\_\_\_
Given/First Middle Family/Last

Biographical Information of Family Members:

Family Member #1

Names should be the same as they appear on the passport:

Form for Family Member #1 with fields: Family/Last Name, Given/First Name, Middle Name, Relationship to J-1 Student, Gender, Passport Expiration Date, Date of Birth, City of Birth, Country of Birth, Country of Legal Permanent Residence, Country of Citizenship.

Family Member #2

Names should be the same as they appear on the passport:

Form for Family Member #2 with fields: Family/Last Name, Given/First Name, Middle Name, Relationship to J-1 Student, Gender, Passport Expiration Date, Date of Birth, City of Birth, Country of Birth, Country of Legal Permanent Residence, Country of Citizenship.

Family Member #3

Names should be the same as they appear on the passport:

Form for Family Member #3 with fields: Family/Last Name, Given/First Name, Middle Name, Relationship to J-1 Student, Gender, Passport Expiration Date, Date of Birth, City of Birth, Country of Birth, Country of Legal Permanent Residence, Country of Citizenship.

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**2) Additional Information:**

- a) Your family's (expected) date of arrival in the United States: \_\_\_\_\_
- b) Please provide the dollar amount of funding you will have to support your family and attach proof of available financial support e.g. copy of an official bank statement or a bank letter verifying your account balances): \$\_\_\_\_\_
- c) Please provide the name of the insurance carrier providing health insurance coverage for your dependents. You may be asked to submit verification of health insurance coverage once your J-2 dependents have arrived in the United States.

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**YOUR SIGNATURE:**

**By signing below you are indicating that you understand that it is your responsibility to provide health insurance coverage for your family member(s). A J-1 Exchange Visitor who willfully fails to object and maintain insurance coverage for each J-2 dependent family member is in violation of J visa regulations and is subject to termination of his or her J-1 Exchange Visitor Program and termination of his or her participation on the Fulbright program.**

Under certain U.S. federal, state, county, and local laws, J-1 visa holders or their dependents may seem to qualify for "public assistance," such as health insurance, subsidized housing, food assistance, and unemployment benefits. Please be aware that under some U.S. laws, **accepting these benefits may jeopardize your status as a nonimmigrant visitor to the U.S. and make you eligible for deportation or prevent you from re-entering the U.S.**

**Please note, at any point in time your IIE Advisor may request proof of health insurance for your J-2 dependents. If requested, you will be required to show that you have purchased health insurance valid for the entire duration of your J-2 dependents' stay in the United States.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date