



International Education
270 Washington St, S.W.
Atlanta, Georgia 30334

DS-2019 Travel Signature Request Form

When traveling outside the U.S. 000912 0 612 792 re W* n BT /F1 9.96 Tf 1 0 0 1 514.66 671.2e8 eS6

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- A pre-paid addressed FEDEX or UPS mailer for use to use to mail the signed DS back to you
- Proof of full-time enrollment (For Students Only)

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LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH _____ EMAIL: _____
(mm/dd/yyyy)

J1 CATEGORY: (item #4 of the 2039) _____

TRAVEL DESTINATION: _____

DEPARTURE DATE: _____ RETURN DATE: _____

J1 VISA EXPIRATION DATE: _____ PASSPORT EXPIRATION DATE: _____

I hereby certify that all the statements above are accurate and understand that if all requested items are not provided that a travel signature will not be granted. Please allow five days processing time for this type of request.

Signature of Exchange Visitor: _____ Date: _____

Mail form and requested materials to:
Board of Regents of the University System of Georgia
Office of International Education
270 Washington St, S.W., Suite 6004 Atlanta, Georgia 30334