

TO SPEED PROCESSING, PLEASE PLACE THIS FORM ON TOP.

# DATA SHEET

US INFORMATION AGENCY

301 4TH STREET SW  
WASHINGTON DC 20547

USIA FILE NO.: \_\_\_\_\_

1. FULL NAME: \_\_\_\_\_  
(last) (first) (middle)

2. DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
month day year

3. COUNTRY OF NATIONALITY OR LAST LEGAL PERMANENT RESIDENCE AS SHOWN ON IAP-66 FORM: \_\_\_\_\_

4. DATE AND PLACE OF FIRST ENTRANCE TO U.S. ON ORIGINAL EXCHANGE-VISITOR (J-1) VISA: \_\_\_\_\_

IMMIGRATION SERVICE CENTER TO WHICH OUR RECOMMENDATION SHOULD  
BE SENT: \_\_\_\_\_

5. PRESENT ADDRESS: \_\_\_\_\_

STATE HEALTH DEPARTMENT APPLICATION NUMBER (IF APPLICABLE) \_\_\_\_\_

LAST U.S. ADDRESS: (if not in U.S. at present) \_\_\_\_\_

6. HOME PHONE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

7. LIST OF ALL EXCHANGE-VISITOR PROGRAMS IN WHICH YOU PARTICIPATED BEGINNING WITH THE INITIAL PROGRAM. PLEASE GIVE THE PROGRAM NUMBER, FIELD CODE NUMBER, AND THE SPECIFIC FIELD OR SPECIALIZATION YOU ENGAGED IN. ATTACH COPIES OF ALL IAP-66 FORMS. OUR DETERMINATION WILL NOT BE CONCLUSIVE WITHOUT COMPLETE INFORMATION: (IT IS EXTREMELY IMPORTANT TO LIST ALL PROGRAM NUMBERS HERE.)

8. GIVE EXPLANATION FOR ANY PERIOD NOT COVERED BY YOUR IAP-66 FORMS:

9. INS ALIEN REGISTRATION NUMBER: A \_\_\_\_\_  
(if unknown, write unknown)

10. DID YOUR EXCHANGE-VISITOR PROGRAM INCLUDE U.S. GOVERNMENT FUNDS, FUNDS FROM YOUR OWN GOVERNMENT, OR FROM AN INTERNATIONAL ORGANIZATION? IF SO, PLEASE GIVE FULL PARTICULARS CONCERNING THE FUNDING.

11. DOES THIS APPLICATION INCLUDE J-2 DEPENDENTS? IS YOUR SPOUSE IN J-1 STATUS? IF SO IS HE/SHE ALSO APPLYING FOR A WAIVER? (PLEASE GIVE DETAILS)

12. GIVE THE REASONS FOR NOT WISHING TO FULFILL THE TWO-YEAR HOME COUNTRY RESIDENCE REQUIREMENT TO WHICH YOU AGREED AT THE TIME YOU ACCEPTED EXCHANGE-VISITOR STATUS. (USE ADDITIONAL SHEET(S) IF NEEDED.)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE