



American Immigration Law Foundation  
Exchange Visitor Program  
Follow-up Information Report

*The following information must be provided to AILF within seven calendar days of the start date listed on your Form DS-2019 (item #3). If you are not able to enter the United States by this date, you must contact AILF so we can adjust your start date. Failure to follow this instruction could result in the termination of our sponsorship. Contact AILF if you have any questions.*

Trainee Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date of U.S. Entry: \_\_\_\_\_

U.S. Home Address: \_\_\_\_\_

U.S. Home Phone: \_\_\_\_\_

U.S. Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please check below to confirm that you have obtained health insurance:

\_\_\_\_\_ Insurance thru employer, or  
\_\_\_\_\_ Insurance thru outside company  
Name of outside company: \_\_\_\_\_

Return this completed form to AILF via fax (202-742-5619), along with copies of the following:

- \_\_\_\_\_ 1. Copy of I-94 Card from your passport (both sides of card)  
\_\_\_\_\_ 2. Copy of U.S. embassy/consulate-issued J-1 visa  
\_\_\_\_\_ 3. Copy of Form DS-2019 with immigration inspector stamp

**Before any travel outside the United States during your training, be sure to contact AILF for instructions on validating your DS-2019 for travel. Failure to contact AILF could result in your inability to reenter the United States!**

If you have any questions, contact us by email ([exchange@aifl.org](mailto:exchange@aifl.org)) or phone (202-742-5600).