Fax: 330-972-8604

immigration@uakron.edu

The University of Akron Responsible Officer/Alternate Responsible Officer Report (For J-1 visa holders transferring their DS-2019 from current U.S. Institution to the University of Akron)

	nation (To be completed by the J-1 Visa Holder)	inversity of run only
SECTION 1. Personal inform	ation (10 be completed by the J-1 visa Holder)	
Name (Last, First, Middle)		
Date of Birth (MM/DD/YYYY)	UA ID# (if known)	
Current Mailing Address		
Lacal Dhana Niverban	E and Address	
Local Phone Number	E-mail Address	
Current U.S. Institution		
Authorization I and avia more		
information: I authorize my	current institution to verify the above information	ana provide the
illormation requested in Part	2	
Signature		
SECTION 2: RO/ARO Report		
I 4 Cotomonii		
J-1 Category:		
To your knowledge, has the J-1	Visa Holder been maintaining lawful status:	
Yes □ No □	The triangle of triangle of the triangle of triangle of the triangle of triangle o	
	isa Holder subject to the two-year home-stay requirem	ent?
Yes □ No □		
Diagon list any periods of the As	andomio Training:	
Please list arry periods of the At	cademic Training:	
8. Additional Comments:		
RO/ARO's Signature	Name & Title	Date
 		,
Institution Name	Address	
Phone Number	E-mail address	