



FULBRIGHT

Personal Information Form

Name: Country:

CURRENT MAILING ADDRESS:

Street _____ Apartment
Number: _____

City: _____

State/Province: _____

Home Telephone: _____ Work Telephone: _____

E-mail: _____

Fax: _____

MARITAL STATUS: _____

Do you have dependents (individuals for whom you are financially responsible)? : Yes No

If you answered yes to dependents, how are they related to you (child, mother, father, spouse, etc.)?:

Please note, the Fulbright FLTA Program does not provide J-2 visa sponsorship for dependents.

Will you be able to participate in the program without your dependents? : Yes No

PLEASE DESCRIBE ANY PHYSICAL IMPAIRMENT YOU MAY HAVE. (This information is gathered for statistical purposes and to ensure appropriate placement. The Fulbright Program does not discriminate on the basis of race, color, religion, sex, national origin, and/or physical impairment):

The Fulbright provided Accident and Sickness Program for Exchanges (ASPE) health benefit plan does not cover pre-existing conditions. If you have a medical condition, you are encouraged

to consult with your physician about how to manage care while in the U.S. and to consider purchasing an international insurance plan.

AUTHORIZATION OF RELEASE OF INFORMATION:

I authorize the Fulbright Program Office or its administrative agency: Yes No

1) to receive and/or request my TOEFL, TSE, TWE or any other test score reports;

2) to send any of the above score reports to U.S. institutions on my behalf;

3) to use my photo image for purposes relevant to program display and promotion.

Signature Date (Month/Day/Year)