

# DUKE UNIVERSITY, MEDICAL CENTER, HEALTH SYSTEM AND AFFILIATED INSTITUTIONS

Durham, North Carolina, U.S.A.

Visa Services  
Box 90790  
Location: Smith Warehouse: Bay 7-1st Floor  
114 S. Buchanan Blvd. Box 90790 Durham, NC 27708

Telephone: 919-681-8472  
681-VISA  
Facsimile: 919-681-8492  
E-mail: [visahelp@mc.duke.edu](mailto:visahelp@mc.duke.edu)

## CONFIRMATION OF STATUS FORM

### PART I (to be completed by the student or scholar)

#### A. Information about you:

Family Name:  Given Name:

Duke Unique ID Number:

Date of Birth:  Country of Birth:

Telephone/E-mail:

#### B. Information about your relative(s):

If more than two relatives plan to visit, please list the relevant information about them on a separate piece of paper.

##### Relative # 1

Family Name:  Given Name:

Relationship:  (i.e. parent, aunt)

Date of Birth:  Country of Birth:

Proposed dates of visit:

Reason for visit:

##### Relative # 2

Family Name:  Given Name:

Relationship:  (i.e. parent, aunt)

Date of Birth:  Country of Birth:

Proposed dates of visit:

Reason for visit:

**PART II (to be completed by your department)**

I hereby confirm that the individual named above holds the position of \_\_\_\_\_  
in the \_\_\_\_\_ and that he/she is in good standing.  
(Duke Department/Office/School/Institute/Center)

Name and Title \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PART III (to be completed by the Visa Services)**

I hereby confirm that the individual named above is currently in the U.S. in the nonimmigrant visa status of \_\_\_\_\_  
and that his/her current visa documents will expire on \_\_\_\_\_

Name and Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete Part I of this confirmation form. Your department must then complete Part II. After Parts I & II have been completed, bring this form, your original I-94 card, and visa documents (I-20, DS-2019, I-797) to Visa Services. Visa Services will complete Part III and return the forms to you.