



US Department of Health and Human Services

Office of Refugee Resettlement
Verification of Release Form

**OFFICE OF REFUGEE RESETTLEMENT
Division of Unaccompanied Children's Services**

Name of Minor:	Aliases (if any):
Minor's Date of Birth:	Minor's A #: FINS#:

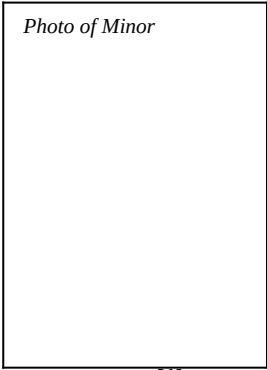


Photo of Minor

Pursuant to Section 462 of the Homeland Security Act, the Office of Refugee Resettlement (ORR) has released from its custody the above-named minor into the care and custody of:

Sponsor:	A#:
(if any):	SSN:
	Tel #:
City:	State: Zip Code:
Relationship to Child:	

Acknowledgement of Conditions of Release

I hereby acknowledge that I have read, or had explained to me in the _____ language, and I understand the conditions of my release as specified in the Sponsor's Agreement to Conditions of Release, which include among others the following conditions:

- I agree to appear at all future proceedings before the Department of Homeland Security (DHS)/Immigration and Customs Enforcement (ICE) and the Executive Office for Immigration Review (EOIR).
- I agree to report to the DHS/ICE office if so ordered.
- I agree to notify DHS/ICE if I decide to depart from the United States. I will do this at least 5 days before I actually depart the United States.
- I agree to notify DHS/ICE and EOIR within 5 days of a change of address.

_____ <i>Signature of Alien Minor</i>	_____ <i>Date</i>
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_____ <i>Signature of ORR Official</i>	_____ <i>Release Approved On</i>
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For Internal Use Only



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ORR/DUCS Facility Name:	
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