

**Table of Changes for Form G-845
Instructions and Form
OMB No. 1615-0101
February 14, 2011**

Page No./Column/ Paragraph	Current Language	Proposed Language
<p>Instructions Pages 1-2</p>	<ol style="list-style-type: none"> 1. Submit copies (<i>front and back</i>) of alien's original documentation. 2. Make certain a <i>complete return address</i> has been entered in the "From" portion of the form. 3. The Alien Registration Number (A-number) is the letter "A" followed by a series of seven, eight, or nine digits. The number found on Form I-94 may also be recorded in the block. (Check the front and back of the Form I-94 document. If the A-number appears, record that number when requesting information, instead of the longer admission number, because the A-number refers to the most integral record available.) 4. If Form G-845 is submitted without copies of the applicant's original documentation, it will be returned to the submitting agency without any action taken. 5. Address this verification request to the U.S. Citizenship and Immigration Services verification office assigned to you by the SAVE Program Office. For further information, please visit www.uscis.gov. 	<p>Instructions</p> <p>Read these instructions carefully to properly complete this form. If you do not follow the instructions, the U.S. Citizenship and Immigration Services (USCIS) Systematic Alien Verification for Entitlements (SAVE) Program may return this form, which may delay processing.</p> <p>What Is the Purpose of This Form?</p> <p>An agency that is registered with the USCIS SAVE Program may file this form to request immigration status verification information for their applicant.</p> <p>Who May File This Form?</p> <p>Any agency that has executed a Memorandum of Agreement with the USCIS SAVE Program.</p> <p>General Instructions</p> <p>A separate Form G-845, Document Verification Request, must be completed for each applicant and must include copies of documents only for that individual. If a family unit applies for a benefit, submit a separate Form G-845 for each family member.</p> <p>When completing Form G-845, type or print legibly in black ink (unless electronically generated).</p> <p>Submit copies (front and back) of the alien's original documentation. Ensure that copies are legible.</p> <p>Make certain a complete return address has been entered in the "From" portion of the form and all items in Section A have been completed. (SAVE may use this portion of the form for your address in a number 10 window envelope.)</p>

Section A. To Be Completed by Registered Agency Only

1. In the "To" section: stamp or legibly write the mailing address of the agency's assigned Status Verification Office; this can be found at www.uscis.gov/save.
2. In the "From" section: stamp or legibly write the registered agency name and mailing address with the Zip Code.

Complete items numbered 1 through 15.

1. Enter the Alien Registration Number (A-Number) or the I-94 (Arrival-Departure Record) Number in the space provided or both the A-Number and the I-94 Number if both numbers are listed on the provided document. The A-Number is the letter "A" followed by a 7, 8, or 9-digit number. The I-94 Number is found on Form I-94 and is 11 digits. (Check the front and back of the Form I-94. If the A-Number appears, record that number when requesting information instead of the I-94 Number because the A-Number refers to the most integral record available.) If the A-Number or I-94 Number is not available, enter another immigration number such as the Certificate of Citizenship document number on the line marked "Other immigration number." Provide the name of the document that contains this immigration number on the line below.
2. Enter the applicant's last, first, and middle name, as printed on the documents.
3. Enter the applicant's nationality.
4. Enter the applicant's date of birth in the format indicated.
5. Enter the applicant's Social Security Number.
6. Enter the applicant's Student and Exchange Visitor Information System (SEVIS) Number, if applicable.
7. Enter the case verification number if a query has been initiated in the SAVE online system. If the SAVE online system is not being used, leave this line blank.

		<p>8. Enter registered agency case number, if applicable.</p> <p>9. Check the proper box indicated for copies or other information attached. If an immigration document is printed on both sides, you must attach a copy of the front and back. Ensure copies are legible.</p> <p>10. Check the corresponding benefit box for submitting agency.</p> <p>11 – 14. Enter the submitting name of agency official, title, telephone number, and fax number in the spaces provided.</p> <p>15. Enter the date the Form G-845 is completed.</p> <p>Registered Agency Comments Box (Optional). Agency may enter additional information about the immigration verification request.</p>
<p>Page 2</p>		<p>Processing Information</p> <p>Upon receipt, the SAVE Program Status Verification Office will review the form for completeness, including submission of any attached documents. Please be aware that if the Form G-845 is not completely filled out, USCIS will return the form to you with no verification response.</p> <p>Please be aware that if the Form G-845 is submitted without a copy of the applicant’s original documentation, it will be returned to you with no verification response.</p> <p>If USCIS responds by checking response box number 13 of Section B, this indicates that the immigration status information requested cannot be found immediately. In this case, USCIS will conduct further records research. While this search is pending, USCIS will return a copy of the G-845 and a Form G-1120 to notify you that the case is pending. The original G-845 will be returned to you when research is complete and a final response is prepared. The inability of USCIS to provide an immediate response does not mean that the applicant is out of status.</p>
	<p>Paperwork Reduction Act</p> <p>*****</p>	<p>Paperwork Reduction Act</p> <p>*****</p>

	<p>Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestion for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529, OMB No. 1615-0101. Do not mail your application to this address.</p>	<p>An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 5 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestion for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, Office of the Executive Secretariat, 20 Massachusetts Avenue, N.W., Washington, DC 20529-2020, OMB No. 1615-0101; Expires July 31, 2011. Do not mail your verification request to this address.</p>																																									
Form																																											
Page 1 – Section A.	Section A. To Be Completed by the Submitting Agency	Section A. To Be Completed by Registered Agency Only																																									
	To: U.S. Citizenship and Immigration Services (USCIS)	<p>To: U. S. Citizenship and Immigration Services (USCIS)</p> <p>Attn: USCIS SAVE Program Status Verification Office</p>																																									
	From: Type or Stamped Name and Address of Submitting Agency	<p>From: Type or Stamp Name and Address of Registered Agency</p> <p>(Removed the border only the field is fillable)</p>																																									
	Attn: Immigration Status Verification Unit	Move under the ‘To:’ address area above.																																									
	(USCIS may use above address with a No. 10 window envelope.)	USCIS may use above address with a No. 10 window envelope.																																									
	<p>1. Alien Registration Number or Form I-94 Number</p> <p>_____</p>	<p>1. Immigration Document Number:</p> <p>Alien Registration Number (A- Number):</p> <table border="1" data-bbox="1040 1583 1474 1635"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>I-94 (Arrival/Departure Record) Number:</p> <table border="1" data-bbox="1019 1734 1398 1787"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>Other Immigration Number (if A-Number/I-94 Number not available): (fillable space)</p>																																									

		Identify Document containing the Other Immigration Number: (fillable space)																																									
	2. Applicant's Name (Last, First, Middle)	2. Applicant's name as shown on the immigration document (Last, First, Middle): (fillable space)																																									
	3. Nationality	3. Nationality (fillable space)																																									
	4. Date of Birth (mm/dd/yyyy):	4. Date of Birth (mm/dd/yyyy): (fillable space)																																									
	5. U.S. Social Security Number _____	5. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																									
	6. Verification Number (Renumbered to 7) _____	6. Student and Exchange Visitor Information System (SEVIS) Number: (fillable space)																																									
	7. Photocopy of Document Attached (Renumbered to 9)	7. Case Verification Number: (fillable space)																																									
	8. Organization (Specify) (Revised and renumbered to 10.)	8. Registered Agency Case Number: (fillable space)																																									
		<p>9. Check all the apply:</p> <p><input type="checkbox"/> a. Photocopy of primary immigration document attached. Ensure copies are legible. If there is print on both sides of the immigration document, attach a copy of the front and back.</p> <p><input type="checkbox"/> b. Other Information Attached (specify documents) (fillable space)</p>																																									
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">10. Benefit</td> </tr> <tr> <td><input type="checkbox"/> TANF</td> <td><input type="checkbox"/> Unemployment Insurance</td> </tr> <tr> <td><input type="checkbox"/> Education Grant/Loan/Work Study</td> <td><input type="checkbox"/> Employment Authorization</td> </tr> <tr> <td><input type="checkbox"/> Food Stamps</td> <td><input type="checkbox"/> Social Security Number</td> </tr> <tr> <td><input type="checkbox"/> Housing Assistance</td> <td><input type="checkbox"/> SSI or RSDI</td> </tr> <tr> <td><input type="checkbox"/> Medicaid/Medical Assistance</td> <td><input type="checkbox"/> Driver's License/ID</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Background Check</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify below)</td> </tr> </table>	10. Benefit		<input type="checkbox"/> TANF	<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Education Grant/Loan/Work Study	<input type="checkbox"/> Employment Authorization	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Social Security Number	<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> SSI or RSDI	<input type="checkbox"/> Medicaid/Medical Assistance	<input type="checkbox"/> Driver's License/ID	<input type="checkbox"/> Background Check		<input type="checkbox"/> Other (specify below)																										
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	11. Date (mm/dd/yyyy)	11. Name of Agency Official (fillable space)																																									
	12. Telephone Number () (Renumbered to 13.)	12. Title of Agency Official (fillable space)																																									

		13. Telephone Number (include area code) (fillable space)
		14. Fax Number (include area code) (fillable space) 15. Date (mm/dd/yyyy): (fillable space)
		Registered Agency Comments (fillable box)
<p>Page 1 Section B. To Be Completed by USCIS</p>	<p>USCIS RESPONSES: From the documents or information submitted and/or a review of our records, we find that:</p> <p>1. <input type="checkbox"/> This document appears valid and relates to a Lawful Permanent Resident alien of the United States.</p> <p>2. <input type="checkbox"/> This document appears valid and relates to a Conditional Resident alien of the United States.</p> <p>3. <input type="checkbox"/> This document appears valid and relates to an alien authorized employment as indicated below:</p> <p style="margin-left: 40px;">a. Full-Time</p> <p style="margin-left: 40px;">b. Part-Time</p> <p style="margin-left: 40px;">c. No Expiration (Indefinite)</p> <p style="margin-left: 40px;">d. Expires on (Specify mm/dd/yyyy below):</p> <p>4. <input type="checkbox"/> This document appears valid and relates to an alien who has an application pending for: (Specify USCIS benefit below):</p> <p>5. <input type="checkbox"/> This document relates to an alien having been granted asylum/refugee status in the United States.</p> <p>6. <input type="checkbox"/> This document appears valid and relates to an alien paroled into the United States pursuant to Section 212 of the I& N Act.</p> <p>7. <input type="checkbox"/> This document appears valid and relates to an alien who is a Cuban/Haitian entrant.</p> <p>8. <input type="checkbox"/> This document appears valid and relates to an alien who is a conditional entrant.</p> <p>9. <input type="checkbox"/> This document appears valid and relates to an alien who is a nonimmigrant. (Specify type or class below)</p> <p>10. <input type="checkbox"/> This document appears valid and relates to an alien not authorized employment in the United States.</p> <p>11. <input type="checkbox"/> Continue to process as legal alien. USCIS is searching indices for further information.</p> <p>12. <input type="checkbox"/> This document is not valid because it appears to</p>	<p>USCIS RESPONSES: After review of the documents and/or information submitted, and/or of our records, we find that the document appears valid and relates to a/an:</p> <p><input type="checkbox"/> 1. Lawful Permanent Resident alien of the United States.</p> <p><input type="checkbox"/> 2. Conditional Resident alien of the United States.</p> <p><input type="checkbox"/> 3. Alien employment authorized in the United States as indicated:</p> <p style="margin-left: 40px;"><input type="checkbox"/> a. No Expiration (indefinite)</p> <p style="margin-left: 40px;"><input type="checkbox"/> b. Expires on (mm/dd/yyyy): (fillable space)</p> <p style="margin-left: 40px;"><input type="checkbox"/> c. Prior employment authorization date(s): (fillable space) (fillable space) (fillable space) (fillable space)</p> <p><input type="checkbox"/> 4. Alien not employment authorized in the United States.</p> <p><input type="checkbox"/> 5. Alien who has an application pending for (specify USCIS benefit): (fillable space)</p> <p><input type="checkbox"/> 6. Alien granted asylum or refugee status in the United States.</p> <p><input type="checkbox"/> 7. Alien paroled into the United States pursuant to section 212 of the Immigration and Nationality Act (INA).</p> <p style="margin-left: 40px;"><input type="checkbox"/> a. No Expiration (Indefinite)</p> <p style="margin-left: 40px;"><input type="checkbox"/> b. Parole granted on (mm/dd/yyyy): (fillable space)</p> <p style="margin-left: 40px;"><input type="checkbox"/> c. Parole expires on (mm/dd/yyyy): (fillable space)</p> <p><input type="checkbox"/> 8. Cuban/Haitian Entrant of the United</p>

	<p>be:</p> <p>(Check all that apply)</p> <p><input type="checkbox"/> a. Expired</p> <p><input type="checkbox"/> b. Altered</p> <p><input type="checkbox"/> c. Counterfeit</p>	<p>States.</p> <p><input type="checkbox"/> 9. Conditional Entrant of the United States.</p> <p><input type="checkbox"/> 10. Nonimmigrant alien. (Specify type or class below): (fillable space)</p> <p><input type="checkbox"/> 11. American Indian born in Canada to whom the provisions of section 289 of the INA apply. Date status recognized (mm/dd/yyyy): (fillable space)</p> <p><input type="checkbox"/> 12. U.S. Citizen.</p> <p>OTHER USCIS RESPONSES:</p> <p><input type="checkbox"/> 13. USCIS is searching indices for further information</p> <p><input type="checkbox"/> 14. This document is not valid because it appears to be: (Check all that apply)</p> <p><input type="checkbox"/> a. Expired <input type="checkbox"/> b. Altered</p> <p><input type="checkbox"/> c. Counterfeit</p>
<p>Page 2, Comments</p>	<p>Comments</p> <p><input type="checkbox"/> 14. Unable to process request without an original consent of disclosure statement signed by the applicant. <i>(Resubmit request.)</i></p> <p><input type="checkbox"/> 15. No determination can be made from the information submitted. Obtain a copy of the original alien registration documentation and resubmit.</p> <p><input type="checkbox"/> 16. No determination can be made without seeing both sides of the documents submitted. <i>(Resubmit request.)</i></p>	<p>Section C. USCIS Comments</p> <p><input type="checkbox"/> 1. Unable to process request without an original consent of disclosure statement signed by the applicant. Resubmit request.</p> <p><input type="checkbox"/> 2. No determination can be made from the information submitted. Obtain copy of the original alien registration document. Resubmit request.</p> <p><input type="checkbox"/> 3. No determination can be made without seeing both sides of the documents submitted. Resubmit request.</p> <p><input type="checkbox"/> 4. Cannot read document copy. Resubmit request.</p> <p><input type="checkbox"/> 5. Other</p>
<p>Page 2, The verbiage on Version 07/25/08 Y</p>	<p>Permanently Residing Under Color of Law “PRUCOL”</p> <p>PRUCOL requests can only be submitted by the Social Security Administration for Supplemental Security Income cases that pre-date August 22, 1996.</p> <p><input type="checkbox"/> 16. USCIS is actively pursuing the removal of an</p>	<p>Deleted</p>

alien in this class/category.

17. USCIS is not actively pursuing the removal of an alien in this class/category at this time.

18. Other.

Instructions

1. Submit copies (front and back) of alien's original documentation.

2. Make certain a complete return address has been entered in the "From" portion of the form.

3. The Alien Registration Number (A-number) is the letter "A" followed by a series of seven, eight, or nine digits. The number found on Form I-94 may also be recorded in the block. (Check the front and back of the Form I-94 document. If the A-number appears, record that number when requesting information, instead of the longer admission number, because the A-number refers to the most integral record available.)

4. If Form G-845 is submitted without copies of the applicant's original documentation, it will be returned to the submitting agency without any action taken.

5. Address this verification request to the U.S. Citizenship and Immigration Services verification office assigned to you by the SAVE Program Office. For further information, please visit www.uscis.gov.

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