

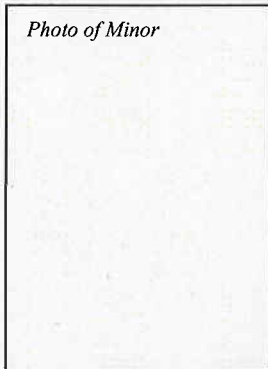


US Department of Health and Human Services

Office of Refugee Resettlement  
Verification of Release Form

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

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



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:

<b>Name of Sponsor:</b>	<b>A#:</b>
<b>Aliases (if any):</b>	<b>SSN:</b>
<b>Address:</b>	<b>Tel #:</b>
<b>City:</b>	<b>State:</b>
<b>Relationship to Child:</b>	<b>Zip Code:</b>

### 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

ORR/DUCS Facility Name: \_\_\_\_\_