

TABLE OF CHANGES – FORM I-102
OMB No. 1615-0079
January 19, 2012

LOCATION	CURRENT VERSION	PROPOSED VERSION
<p>Page 1, Information About You</p>		<p>Pages 1 – 2,</p> <p>Renumbered this section as: 1.a. Family Name (<i>Last Name</i>) (fillable) 1.b. Given Name (<i>First Name</i>) (fillable) 1.c. Middle Name (fillable)</p> <p>Mailing Address 2.a. -2.i.</p> <p>Other Information 5. – 12.</p>
<p>Page 1, Reason for Application</p>		<p>Page 2, Renumbered to 1.a., 1.b., 1.c., 1.d., 1.e., 1.f., 1.g.</p>
<p>Page 2, Part 3. Processing Information</p>		<p>Page 2, Renumbered to 1.a., 1.b., 2.a., 2.b.</p> <p>3.a. Family Name (<i>Last Name</i>) (fillable) 3.b. Given Name (<i>First Name</i>) (fillable) 3.c. Middle Name (fillable) 4. Class of Admission (fillable) 5. Place of Admission (fillable)</p>
<p>Page 2, Part 4. Signature</p>	<p><i>(Read the information on penalties in the instructions before completing this section. You must file this application in the United States.)</i></p> <p>I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.</p> <p>Signature: (fillable)</p>	<p>Page 3,</p> <p>Part 4. Signature of Applicant</p> <p>I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.</p> <p>1.a. Signature of Applicant (fillable) 1.b. Date of Signature (<i>mm/dd/yyyy</i>) (fillable) 1.c. Daytime Phone Number (fillable)</p>

	<p>Daytime Telephone Number (<i>With area code</i>): (fillable) Date (<i>mm/dd/yyyy</i>): (fillable)</p>	<p>NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.</p>
<p>Page 2, Part 5. Signature of Person Preparing Form, if Other Than Above</p>	<p>I declare that I prepared this application at the request of the above person, and it is based on all information of which I have knowledge.</p> <p>Signature (fillable) Print or Type Your Name (With area code) (fillable) Date (mm/dd/yyyy) (fillable)</p>	<p>Page 3,</p> <p>NOTE: If you are an attorney or representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.</p> <p>1.a. Preparer’s Family Name (Last Name) (fillable) 1.b. Preparer’s Given Name (First Name) (fillable) 2. Preparer’s Business or Organization Name (fillable)</p> <p>Preparer’s Mailing Address 3.a. Street Number and Name (fillable) 3.b. Apartment/Suite/Floor (fillable) 3.c. City or Town (fillable) 3.d. State (fillable) 3.e. Zip Code (fillable) 3.f. Postal Code (fillable) 3.g. Province (fillable) 3.h. Country (fillable)</p> <p>Preparer’s Contact Information 4. Preparer’s Daytime Phone Number (fillable) Extension (fillable) 5. Preparer’s E-mail Address (<i>if any</i>) (fillable)</p> <p>Declaration To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.</p> <p>6.a. Signature of Preparer (fillable) 6.b. Date of Signature (<i>mm/dd/yyyy</i>) (fillable)</p> <p>NOTE: If you require more space to provide any additional information, use a separate sheet of paper. You must include your name and Alien Registration Number at the top of each sheet.</p>