**TABLE OF CHANGES – FORM**

**Form G-845, Verification Request**

**OMB Number: 1615-0101**

**Date 12/01/2014**

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| **Reason for Revision: Form, instructions, and supplement were revised to incorporate form design and standard language updates, and operational and customer needs.** |

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| **Current Location** | **Current Text** | **Proposed Text** |
| **New** |  | **[Page 1]**  **START HERE – Type or print in black ink.**  **[Page 2-4, in the header]**  Applicant’s Last Name  Applicant’s First Name  Case Verification Number |
| **Page 1-2, Section A. To Be Completed by Registered Agency Only** | **[Page 1]**  **To: U.S. Citizenship and Immigration Services (USCIS)**  **Attn: USCIS SAVE Program Status Verification Office**  [Fillable field]  **From:** Type or Stamp Name and Address of Registered Agency  [Fillable field]  **Print clearly since USCIS may use above agency address with a No. 10 window envelope.**  1. Immigration Document Number…  Alien Registration Number (A-Number)  I-94 (Arrival-Departure Record) Number  Other immigration number (if A-Number/I-94 Number not available):  Identify document containing the other immigration number:  **2.** Applicant's name as shown on the immigration document (Last, First, Middle)  3. Nationality…  9. Check all that apply:  **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 **front** and **back**.  **b.** Other Information Attached (specify documents):  **10. Benefit**  TANF  Unemployment Insurance  Education Grant/Loan/ Work Study  Employment Authorization  Food Stamps  Social Security Number  Housing Assistance  SSI or RSDI  Medicaid/Medical Assistance  Driver's License/ID  Background Check  Other (specify below)  **11.** Name of Agency Official  **12.** Title of Agency Official  **13.** Telephone Number (include area code)  **14.** Fax Number (include area code):  **15.** Date (mm/dd/yyyy)  [Page 2]  **Registered Agency Comments** | **[Page 1]**  **Part 1. Information from the Registered Agency**  **NOTE: Only the Registered Agency should complete this information.**  **To: U.S. Citizenship and Immigration Services (USCIS)**  **Attn: USCIS SAVE Program Status Verification Office** [Drop-down box]  Stamp, type, or print the name, address, and ZIP Code of the Registered Agency. (**Print clearly since USCIS may use agency address below with a No. 10 window envelope.)**  **From:**  [Fillable fields]  **Applicant Information**  **Immigration Document Number**  **1.a.** Alien Registration Number (A-Number)  **1.b.** Form I-94 Number (Arrival-Departure Record)  **1.c.** Other Immigration Number  **1.d.** Name or Form Number of Document Containing the Other Immigration Number  **Applicant’s Full Name as Shown on the Immigration Document**  **2.a.** Last Name  **2.b.** First Name  **2.c.** Middle Name  **3.** Case Verification Number  4. Date of Birth (*mm/dd/yyyy*)  5. Social Security Number  6. Student and Exchange Visitor Information System (SEVIS) Number  7.Citizenship or Nationality  **Documents Attached** (Select all that apply)  **8.a.** Photocopy of most recently issued immigration document attached. Ensure copies are legible and made from an original document. If the immigration document is printed on both sides, attach a copy of the front **and** back.  **8.b.** Other Information Attached (Specify Documents)  **Benefits Sought**  **9.a.** Background Check  **9.b.** Driver's License/ID  **9.c.** Education Grant/Loan/Work Study  **9.d.** Employment Authorization  **9.e.** Food Stamps  **9.f.** Housing Assistance  **9.g.** Medicaid/Medical Assistance  **9.h.** Social Security Number  **9.i.** SSI or RSDI  **9.j.** TANF  **9.k.** Unemployment Insurance  **9.l.** Other (Specify)  [Page 2]  **Registered Agency Information**  **10.** Registered Agency Case Number  Full Name of Agency Official  **11.a.** Last Name  **11.b.** First Name  **12.** Title of Agency Official  **13.a.** Daytime Telephone Number (include area code)  **13.b.** Extension Number (if applicable)  **14.** Fax Number (if any) (include area code)  **15.** Date Request Completed (*mm/dd/yyyy*)  **16.** Registered Agency Comments(if any) |
| **Page 2,**  **Section B. To Be Completed by USCIS** | **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:   1. Lawful Permanent Resident alien of the United States. 2. Conditional Resident alien of the United States. 3. Alien employment authorized in the United States as indicated 4. No expiration date (indefinite) 5. Expires on (mm/dd/yyyy) 6. Prior employment authorization date(s): [6 data collections] 7. Alien **not employment authorized** in the United States 8. Alien has an **application pending** for (specify USCIS benefit): 9. Alien **granted asylum or refugee** status in the United States 10. Alien **paroled** into the United States under section 212 of the Immigration and Nationality Act (INA). 11. No expiration (Indefinite) 12. Parole granted on (*mm/dd/yyyy)* 13. Parole expires on (*mm/dd/yyyy)*   **9. Conditional entrant** of the United States.  **10.** Nonimmigrant alien (Specify type or class below): [1 field]  **12.** U.S. Citizen  **13.** USCIS is searching indices for further information  **14.** This document is **not valid** because it appears to be:   1. Expired 2. Altered 3. Counterfeit   **8. Cuban/Haitian entrant** of the United States  **11.** American Indian born in Canada to whom the provisions of section 289 of the INA apply. Date status recognized (mm/dd/yyyy) | **[Page 2]**  **Part 2. USCIS Responses**  **NOTE: Only USCIS should complete this information.**  Upon review of these documents, information submitted, and our records, we find the following for the applicant**:**  **1. Lawful Permanent Resident** of the United States  **2. Conditional Permanent Resident** of the United States  **3.** Applicant is **employment authorized** in the United States as indicated:  \_ No Expiration Date (Indefinite)  \_ Expiration Date (*mm/dd/yyyy*)  \_ Previous Employment Authorization Dates  Start Date (*mm/dd/yyyy*) End Date (*mm/dd/yyyy*)  Start Date (*mm/dd/yyyy*) End Date (*mm/dd/yyyy*)  Start Date (*mm/dd/yyyy*) End Date (*mm/dd/yyyy*)  **4.** Applicant is **not employment authorized** in the United States  **5.** Applicant has an **application pending** for the following USCIS benefit:  **6.** Applicant was **granted asylum or refugee** status in the United States  **7.** Applicant was **paroled** into the United States under section 212 of the Immigration and Nationality Act (INA).  No Expiration Date (Indefinite)  Parole Granted Date (*mm/dd/yyyy)*  Parole Expiration Date (*mm/dd/yyyy)*  **8.** **Conditional entrant of the United States**  **9.** **Nonimmigrant** (Specify type or class and expiration date) [2 fields]  Type or Class  Expiration Date (*mm/dd/yyyy*)  **10. U.S. Citizen**  [below]  [below]  **ADDITIONAL USCIS RESPONSES**  **11. Cuban/Haitian entrant** of the United States  **12. American Indian** born in Canada to whom the provisions of INA 289 apply.  Date Status Recognized (*mm/dd/yyyy*)  **13. Mexican Born Member** of the Texas or Oklahoma Band of **Kickapoo Indians**   1. I-872 Issuance Date (*mm/dd/yyyy*)   COA (KIC or KIP)\_\_\_\_\_\_\_\_   1. Other foreign born American Indian   Date of Entry (*mm/dd/yyyy*)  COA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [new]  **14. Deferred Action for Childhood Arrivals** (DACA)  **15. Temporary Protected Status** (TPS)  **16. Deferred Action Status**  **17. VAWA Self-Petitioner**  **\_a. Pending prima facie VAWA self-petition**  **\_b. Approved VAWA self-petition**  **18. Withholding of Removal**  **19.** USCIS is searching indices for further information  **20.** This document is **not valid** because it appears to be: (Select all that apply)   1. Expired 2. Altered 3. Counterfeit |
| **Page 3,**  **Section C. USCIS Comments** | 1. Unable to process without an original consent of disclosure statement signed by the applicant. Resubmit request. 2. No determination can be made from the information submitted. Obtain copy of the original alien registration document. Resubmit request. 3. No determination can be made without seeing both sides of the documents submitted. Resubmit request. 4. Cannot read document copy. Resubmit request. 5. Other:   **[Box for] USCIS Stamp** | **[Page 3]**  **Part 3. USCIS Comments**  **NOTE: Only USCIS should complete this information.**  **1.** Unable to process request without an original consent of disclosure statement signed by the applicant. Resubmit request.  **2.** No determination can be made because insufficient information was submitted. Obtain a copy of the applicant’s most recently issued immigration document. Submit a new request.  **3.** No determination can be made without seeing both sides of the applicant’s immigration document. Attach copies (front and back) of the applicant’s most recently issued immigration document and submit a new request.  **4.** Copy provided of applicant’s immigration document is illegible. Submit a new request with legible documents.  **5.** Unable to verify status based on the document provided. If this is the applicant’s most recently issued immigration document, refer the applicant to the document issuing authority.    **6.** Other  **[Box for] USCIS Stamp** |