



**Verification Request**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form G-845**  
 OMB No. 1615-0101  
 Expires: 01/31/2015

▶ **START HERE - Type or print in black ink.**

**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

- 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

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:



**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)

**Applicant Information**

**Immigration Document Number**

- 1.a. Alien Registration Number (A-Number)  
 A-
- 1.b. Form I-94 Number (Arrival-Departure Record)  
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- 1.c. Other Immigration Number
- 1.d. Name or Form Number of Document Containing the Other Immigration Number

**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)

**Applicant's Full Name as Shown on the Immigration Document**

- 2.a. Last Name
- 2.b. First Name
- 2.c. Middle Name



