TABLE OF CHANGES – FORM

Form I-508, Request for Waiver of Certain Rights, Privileges, Exemptions, and Immunities

OMB Number: 1615-0025 01/07/2015

Reason for Revision: Revised form name; added new signature language and standard data collection fields.

Current Section and Page Number	Current Text	Proposed Text
Page 1		[Page 1]
		START HERE – Please type or print in black ink.
		Part 1. Information About the Person Filing This Request [sub header]
		1. Family Name (Last Name) Given Name (First Name) Middle Name
	Alien Registration Number: A#	2. Alien Registration Number (A-Number) (if any)
	U.S. Social Security Number	3. U.S. Social Security Number (if any)
	Birth Date	4. Date of Birth (mm/dd/yyyy)
	U.S. State Department-Issued Personal Identification Number (PID)	5. U.S. State Department-Issued Personal Identification Number (PID)
		6. Mailing Address In Care Of Name (if any) Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country
		7. Is your current mailing address the same as your physical address? Y/N
		If you answered "No," provide your physical address in Item Number 8.
	Location: (City/Province/State/Country)	8. Physical Address Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province

	I am employed by: (Name and Address of Mission or Organization)	Postal Code Country 9. Employer Information Name of Mission or Organization Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country
Page 1	I, [Last Name] [First Name] [Middle Name] believe that I have an occupational status entitling me to a nonimmigrant classification under paragraph 15(A) (Government Official), 15(E) (Treaty Trader or Treaty Investor) or 15(G) (International Organization Representative) of section 101(a) of the Immigration and Nationality Act. Accordingly, I seek to acquire or retain the status of an alien lawfully admitted for permanent residence and hereby waive all rights, privileges, exemptions, and immunities that would otherwise accrue to me under any law or executive order by reason of such occupational status. NOTE: French Nationals receiving a salary from the French Republic are required to complete Form I-508, and also complete an additional waiver on Form I-508F. Both Form I-508 and I-508F must be submitted together to U.S. Citizenship and Immigration Services (USCIS).	Part 2. Waiver Statement I, [Auto-fill Full Name], believe that I have an occupational status entitling me to nonimmigrant status under section 101(a)(15) (A), (E), or (G) of the Immigration and Nationality Act (INA) as a government official, treaty trader or treaty investor, or international organization representative, respectively. Accordingly, as I seek to acquire or retain lawful permanent resident status, I hereby waive all diplomatic rights, privileges, exemptions, and immunities that would otherwise accrue to me under any U.S. law or executive order because of my occupational status. NOTE: French nationals receiving a salary from the French Republic are also required to complete Form I-508F. French nationals must submit both Form I-508 and Form I-508F together to U.S. Citizenship and Immigration Services (USCIS).
Page 1		[Page 2] Part 3. Requestor's Statement, Contact Information, Certification, and Signature NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2. 1. Requestor's Statement Regarding the Interpreter A. I can read and understand English, and have read and understand every question and instruction on this request, as well as my answer to every question. B. The interpreter named in Part 4. has also

		read to me every question and instruction on this request, as well as my answer to every question, in [Fillable field], a language in which I am fluent. I understand every question and instruction on this request as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.
		2. Requestor's Statement Regarding the Preparer I have requested the services of and consented
		to [Fillable field], who is/is not an attorney or accredited representative, preparing this request for me.
		 Requestor's Contact Information 3. Requestor's Daytime Telephone Number 4. Requestor's Mobile Telephone Number (if any) 5. Requestor's Email Address (if any)
		Requestor's Certification Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.
		I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.
		I certify, under penalty of perjury, that the information in my request and any document submitted with my request were provided by me and are complete, true, and correct.
	Signature Date (mm/dd/yyyy)	Requestor's Signature 6. Requestor's Signature Date of Signature (mm/dd/yyyy)
New		[Page 3]
		Part 4. Interpreter's Contact Information, Certification, and Signature
		Provide the following information concerning the interpreter.
	2	Interpreter's Full Name 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)

	2. Interpreter's Business or Organization Name
	(if any)
	Interpreter's Mailing Address
	3. Street Number and Name Apt. Ste. Flr. Number
	City or Town
	State
	ZIP Code Province
	Postal Code
	Country
	Interpreter's Contact Information
	4. Interpreter's Daytime Telephone Number
	5. Interpreter's Email Address (if any)
	Interpreter's Certification I certify that:
	I am fluent in English and [Fillable field], which is the same language provided in Part 3. ,
	Item B. in Item Number 1.;
	I have read to this requestor every question and
	instruction on this request, as well as the answer to every question, in the language provided in
	Part 3., Item B. in Item Number 1.; and
	The requestor has informed me that he or she
	understands every instruction and question on
	the request, as well as the answer to every question, and the requestor verified the
	accuracy of every answer.
	Interpreter's Signature
	6. Interpreter's Signature
	Date of Signature (mm/dd/yyyy)
New	[Page 4]
	Part 5. Contact Information, Statement,
	Certification, and Signature of the Person Preparing this Request, If Other Than the Requestor
	Provide the following information concerning the preparer.
	Preparer's Full Name
	1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
	2. Preparer's Business or Organization Name (if
	any)
	Preparer's Mailing Address
	3. Street Number and Name
	Apt. Ste. Flr. Number City or Town
	State
	ZIP Code

	Province Postal Code
	Country
	Preparer's Contact Information
	4. Preparer's Daytime Telephone Number5. Preparer's Fax Number
	6. Preparer's Email Address (if any)
	Preparer's Statement
	7. A. I am not an attorney or accredited
	representative but have prepared this request on behalf of the requestor and with the requestor 's
	consent.
	B. I am an attorney or accredited representative
	and my representation of the requestor in this
	case extends/does not extend beyond the preparation of this request.
	NOTE: If you are an attorney or accredited
	representative whose representation extends beyond preparation of this request, you must
	submit a completed Form G-28, Notice of Entry
	of Appearance as Attorney or Accredited Representative, with this request.
	Preparer's Certification
	By my signature, I certify, swear, or affirm,
	under penalty of perjury, that I prepared this request on behalf of, at the request of, and with
	the express consent of the requestor. I
	completed this request based only on responses the requestor provided to me. After completing
	the request, I reviewed it and all of the
	requestor's responses with the requestor, who
	agreed with every answer on the request. If the requestor supplied additional information
	concerning a question on the request, I recorded
	it on the request.
	Preparer's Signature
	8. Preparer's Signature Date of Signature (mm/dd/yyyy)
New	[Page 5]
TYCW	Part 6. Additional Information
	If you need extra space to provide any additional information within this request, use
	the space below. If you need more space than
	what is provided, you may make copies of this page to complete and file with this request or
	attach a separate sheet of paper. Include your
	name and A-Number (if any) at the top of each
	sheet; indicate the Page Number , Part Number , and Item Number to which your
	answer refers; and sign and date each sheet.
	1. Family Name (Last Name) [Auto-fill field] Given Name (First Name) [Auto-fill field]
	Given name (First Name) [Auto-IIII Heiu]

	Middle Name [Auto-fill field]
	2. A-Number (if any) [Auto-fill field]
	3. A. Page Number
	B. Part Number
	C. Item Number
	D. [Fillable field]
	4. A. Page Number
	B. Part Number
	C. Item Number
	D. [Fillable field]
	5. A. Page Number
	B. Part Number
	C. Item Number
	D. [Fillable field]
	2. [1 maore mera]
	6. A. Page Number
	B. Part Number
	C. Item Number
	D. [Fillable field]
	T. D. successor la Circustoma
	7. Requestor 's Signature
	Date of Signature (mm/dd/yyyy)