

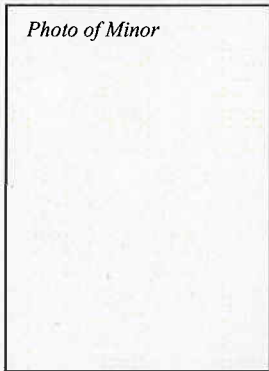


US Department of Health and Human Services

Office of Refugee Resettlement
Verification of Release Form

OFFICE OF REFUGEE RESETTLEMENT
Division of Unaccompanied Children's Services

Name of Minor: _____ **Aliases (if any):** _____
Minor's Date of Birth: _____ **Minor's A #:** _____ **FINS#:** _____



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:

Name of Sponsor: _____ **A#:** _____
Aliases (if any): _____ **SSN:** _____
Address: _____ **Tel #:** _____
City: _____ **State:** _____ **Zip Code:** _____
Relationship to Child: _____

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.

Signature of Alien Minor _____ *Date* _____

Signature of ORR Official _____ *Release Approved On* _____

For internal Use Only

ORR/DUCS Facility Name: _____