

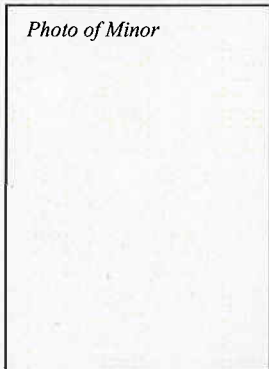


US Department of Health and Human Services

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: \_\_\_\_\_