



U.S. Department of Health and Human Services

OMB Control No: 0970-XXXX
Expiration date: XX/XX/XXXX

**OFFICE OF REFUGEE RESETTLEMENT
Division of Children's Services
VERIFICATION OF RELEASE**

Name of Minor: _____ **Aliases (if any):** _____

Minor's Date of Birth: _____ **Minor's A#:** _____



The Office of Refugee Resettlement (ORR) has released the above named minor from Federal custody pursuant to section 462 of the Homeland Security Act of 2002 and section 235 of the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 to the care of:

Name of Sponsor: _____

Aliases (if any): _____

Address: _____

Tel#: _____

City: _____

State: _____

Zip Code: _____

Relationship to Child: _____

Acknowledgement of the Sponsor Care Agreement

The above named sponsor has agreed to the provisions set forth in the *Sponsor Care Agreement*, pertaining to the minor's care, safety, and well-being, and the sponsor's responsibility for ensuring the minor's presence at all future proceedings before the Department of Homeland Security and the Department of Justice/Executive Office for Immigration Review (EOIR).

For Internal Use Only

Name ORR care provider Facility	
Date	

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