DEPARTMENT OF HOMELAND SECURITY U.S. Immigration and Customs Enforcement

NON-IMMIGRANT CHECKOUT LETTER

OMB No. 1653-0020 Expires 03/31/2017

DHS Office Address		File Number			
		Date			
This Section To Be Comple	ted by Enforcement and	d Removal Operatior	IS		
The records of this office of th	ne Department of Homela	nd Security show that	permission was gra	nted to	
		-		s for a temporary period.	
The office has no records of h	his her or their departure			e lor a temperary period.	
To assist in the completion of				requested to complete	
this form and:					
Return it in the attached s	self-addressed envelope.	No postage is require	ed if mailed from any	where in the United States.	
Mail or take it to the office	e of the nearest American	Consul and ask him	or her to return it to t	his office.	
Your cooperation in this ma	atter is appreciated.				
This Section To Be Comple	ted By Any Authorized	U.S. Official			
Select and complete all par	ts of the statement belo	w that accurately re	flect your knowled	ge about this person(s).	
(NO ⁻	TE: If Form I-94, Arrival-Depart	ure Record, is available, ple	ease attach it to this form.)	
The person(s) inquired about:					
Departed from the United	States at				
On via		P	ort of Departure		
Date		Name of Vessel or other m	eans of transportation		
Applied for or has been gra	nted an extension of tempo	orary stay at the			
		Location Office of the Department of Homeland Security.			
Applied for adjustment of	status at the				
Office of the Department			Location		
☐ Did not depart from the U	-				
☐ Can be contacted at the f					
	onowing address.				
Address	City	State or Province	e Zip Code	Country	
Has or have the following their whereabouts:	friends or relatives in the	United States who m	nay have information	concerning his, her, or	
Name	Address	City	State	Zip Code	
Name	Address	City	State	Zip Code	

None of the above items apply but the following information is provided: (Attach additional sheet(s) of paper if necessary.)				
□ None of the above items apply and I have no information to provide relating to this person(s).				
Printed Name and Signature (Sign in ink)				
Address				
City State Zip Code				
NOTE: The provision for collecting this information is voluntary. You are under no legal obligation to complete this form.				
Public Reporting Burden. U.S. Immigration and Customs Enforcement is collecting this information as a part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the data needed and completing and reviewing this collection of information is 10 minutes (0.166 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:				
Office of the Chief Information Officer/Forms Management U.S. Immigration and Customs Enforcement, 801 I Street, NW STOP 5800 Washington, D.C. 20536-5800 (Do not mail this completed form to this address.)				
PRIVACY ACT STATEMENT				
AUTHORITY: U.S. Immigration and Customs Enforcement (ICE) is authorized to collect this information by and through the following authorities: sections 101, 222(g), 212(a)(9)B(i)(I) and (II), 214(a)(1), and 217(a)(7) of the Immigration and Nationality Act; and 8 C.F.R. § 215.8(a)(1) and 235.1(f)(1)(ii).				
PURPOSE: The purpose of the form is to verify that an alien voluntarily departed the United States pursuant to an order from an Immigration Judge; or to document that an alien did not depart the United States for a valid reason; or to obtain contact information from those with knowledge of the alien's whereabouts.				
ROUTINE USES: Information provided on this form may be used as necessary and is authorized to be used by the routine uses published in the Alien File (A-file), Index, and National File Tracking System of Records Notice (SORN) (78 FR 69864, November 21, 2013). Further, the information on this form may be disclosed as generally permitted under the Privacy Act of 1974, 5 U.S.C. § 552a(b).				
DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the requested information may result in ICE being unable to confirm that an alien voluntarily departed the United States or did not depart for a valid reason. Failure to disclose the information on this form may also result in ICE being unable to locate an alien.				