Verification Request

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-845
OMB No. 1615-0101
Expires: 05/31/2018

► **START HERE - Type or print in black ink.**

Part 1. Information From the Registered Agency

NOTE: Only the Registered Agency should complete this information.

To: U.S. Citizenship and Immigration Services (USCIS)

Attn: USCIS SAVE Program Status Verification Office

Stamp, type, or print the name, address, and ZIP Code of the Registered Agency. (**Print clearly since USCIS may use agency address below with a No. 10 window envelope.)**

From:

Applicant Information

Immigration Document Number

1.a. Alien Registration Number (A-Number)
A- ►

1.b. Form I-94 Number (Arrival-Departure Record)
►

1.c. Other Immigration Number

1.d. Name or Form Number of Document Containing the Other Immigration Number

Applicant's Full Name as Shown on the Immigration Document

2.a. Last Name

2.b. First Name

2.c. Middle Name

3. Case Verification Number

4. Date of Birth (mm/dd/yyyy)

5. Social Security Number
►

6. Student and Exchange Visitor Information System (SEVIS) Number

7. Citizenship or Nationality

Documents Attached (Select all that apply)

8.a. ☐ Photocopy of most recently issued immigration document attached. Ensure copies are legible and made from an original document. If the immigration document is printed on both sides, attach a copy of the front **and** back.

8.b. ☐ Other Information Attached (Specify Documents)

Benefits Sought

9.a. ☐ Background Check

9.b. ☐ Driver's License/ID

9.c. ☐ Education Grant/Loan/Work Study

9.d. ☐ Employment Authorization

9.e. ☐ Food Stamps

9.f. ☐ Housing Assistance

9.g. ☐ Medicaid/Medical Assistance

9.h. ☐ Social Security Number

9.i. ☐ SSI or RSDI

9.j. ☐ TANF

9.k. ☐ Unemployment Insurance

9.l. ☐ Other (Specify)

Please see next page for additional information.

Applicant's Last Name | Applicant's First Name | Case Verification Number

Part 1. Information From the Registered Agency (continued)

Registered Agency Information

10. Registered Agency Case Number

Full Name of Agency Official

11.a. Last Name

11.b. First Name

12. Title of Agency Official

13.a. Daytime Telephone Number (Include Area Code)

13.b. Extension Number (if applicable)

14. Fax Number (if any) (Include Area Code)

15. Date Request Completed (mm/dd/yyyy)

16. Registered Agency Comments (if any)

Part 2. USCIS Responses

NOTE: Only USCIS should complete this information.

Upon review of these documents, information submitted, and our records, we find the following for the applicant**:**

1. ☐ **Lawful Permanent Resident** of the United States

2. ☐ **Conditional Permanent Resident** of the United States

3. ☐ Applicant is **employment authorized** in the United States as indicated:

- ☐ No Expiration Date (Indefinite)
- ☐ Expiration Date (mm/dd/yyyy)
- ☐ Previous Employment Authorization Dates

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

4. ☐ Applicant is **not employment authorized** in the United States

5. ☐ Applicant has an **application pending** for the following USCIS benefit:

6. ☐ Applicant was **granted asylum or refugee** status in the United States

7. ☐ Applicant was **paroled** into the United States under section 212 of the Immigration and Nationality Act (INA).

- ☐ No Expiration Date (Indefinite)
- ☐ Parole Granted Date (mm/dd/yyyy)
- ☐ Parole Expiration Date (mm/dd/yyyy)

8. ☐ **Conditional entrant of the United States**

9. ☐ **Nonimmigrant** (Specify type or class and expiration date)

Type or Class

Expiration Date (mm/dd/yyyy)

10. ☐ **U.S. Citizen**

Please see next page for additional information.

Applicant's Last Name | Applicant's First Name | Case Verification Number

Part 2. USCIS Responses (continued)

11. ☐ **Cuban/Haitian entrant** of the United States

12. ☐ **American Indian** born in Canada to whom the provisions of INA 289 apply.

Date Status Recognized (mm/dd/yyyy)

13. ☐ **Mexican Born Member** of the Texas or Oklahoma Band of **Kickapoo Indians**

a. ☐ I-872 Issuance Date: (mm/dd/yyyy)

COA (KIC or KIP)

b. ☐ Other foreign born American Indian Date of Entry: (mm/dd/yyyy)

COA

14. ☐ **Deferred Action for Childhood Arrivals** (DACA)

15. ☐ **Temporary Protected Status** (TPS)

16. ☐ **Deferred Action Status**

17. ☐ **VAWA Self-Petitioner**

a. ☐ Pending prima facie VAWA self-petition

b. ☐ Approved VAWA self-petition

18. ☐ **Withholding of Removal**

19. ☐ USCIS is searching indices for further information

20. ☐ This document is **not valid** because it appears to be: (Select all that apply)

a. ☐ Expired

b. ☐ Altered

c. ☐ Counterfeit

Part 3. USCIS Comments

NOTE: Only USCIS should complete this information.

1. ☐ Unable to process request without an original consent of disclosure statement signed by the applicant. Resubmit request.

2. ☐ No determination can be made because insufficient information was submitted. Obtain a copy of the applicant's most recently issued immigration document. Submit a new request.

3. ☐ No determination can be made without seeing both sides of the applicant's immigration document. Attach copies (front and back) of the applicant's most recently issued immigration document and submit a new request.

4. ☐ Copy provided of applicant's immigration document is illegible. Submit a new request with legible documents.

5. ☐ Unable to verify status based on the document provided. If this is the applicant's most recently issued immigration document, refer the applicant to the document issuing authority.

6. ☐ Other

USCIS Stamp