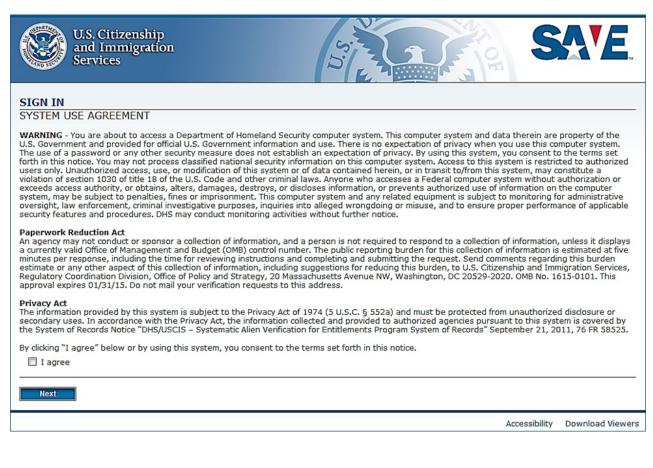
#### SYSTEM USE AGREEMENT



#### WELCOME PAGE

U.S. Citizenship and Immigration Services		53-2-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5	S	
SIGN IN WELCOME Enter your username and password.	*Indicates a required field.			
Username *				
Forgot your Password?				
Submit				
Username		A	ccessibility	Download \

## HOMEPAGE (SUPERVISOR)

	U.S. Citizen: and Immig Services				SAVE Welcome, Govern Woodbury
ft	Cases	Profile	Agency	Reports Help	Sign Out 🚺
-	Yeal		March Ve	Color Incl	QUICK LINKS
	h and		Wark Yo	ur Calendars!	🗹 Initial Verification 🔹 🕨
C C.r.	- out				♀ Search Cases >
-	P		SAVE go	es paperless	A Resources
			sturting	May 2018	Contact Us
0000	1				
gency: Distr 05)	ict of Columbia	- SAVE DMV	Test Agency - WAS	H DC (DLSV)   Department: SAVE Tra	ining
PROGRAM	ANNOUNCEME	NTS			
Extension of	f South Sudan f	or Temporar	Protected Status		
	ent of Homeland	Security has e	tended the Tempora	ry Protected Status (TPS) designation for S	South
Sudan for 18	months, Novemb	er 3, 2017 th	rough May 2, 2019.		
USCIS will iss	ue new EADs with	h a May 2, 201	9 expiration date to	eligible South Sudan TPS beneficiaries who	timely
re-register an	d Read more				

### **INITIATE CASE – DOCUMENT TYPE**

U.S. Citizenship and Immigration Services				110		Welcome, Govern Woodbury			
<b>f</b>	Cases	Profile	Agency	Reports	Неір	Sign Out 🚦			
INITIAT	E CASE								
DOCUMEN	NT TYPE								
Select the do	cument presente	d by the applicant	. *Indicates a requ	uired field.					
I-551 (Pe	rmanent Resident	t Card)		0	Certificate of Citizenship				
I-766 (En)	nployment Autho	rization Card)		0	Certificate Check (Naturalization	and Citizenship Document)			
I-94 (Arri	val/Departure Red	cord) in Unexpired	Foreign Passport	0	<ul> <li>I-571 (Refugee Travel Document)</li> </ul>				
I-94 (Arri	val/Departure Red	cord)		0	I-327 (Reentry Permit)				
O Unexpired	Foreign Passport			0	Machine Readable Immigrant Visa (with Temporary I-551 Language)				
I-20 (Cert	tificate of Eligibility	y for Nonimmigrar	nt (F-1) Student Statu	is) 🔘	Temporary I-551 Stamp (on pas	sport or I-94)			
O DS2019 (	Certificate of Eligi	bility for Exchange	e Visitor (J-1) Status)	0	Other (Select If Document Not L	isted)			
Naturaliza	ation Certificate								
	_								
Next									
0.064									

# **INITIATE CASE – APPLICANT INFORMATION (I-551)**

	U.S. Citizer and Immi Services	nship gration		U.S.		2.5	SAVE Welcome, Patricia Sullivan
î	Cases	Profile	Agency	Reports	Help		Sign Out 📑
INITIAT	E CASE						
APPLICAN	IT INFORMAT	ION					
Enter docum	ent information.	*Indicates a rec	quired field.				
Selected D I-551 (Perma	ocument Type anent Resident Ca	ard)					
Name							
Last Name			First Name	la	•	Middle Initial	
		* 0			0		
Date of Birt	h (mm/dd/yyyy) *						
	Information						
Alien/USCI:	S Number * 👔		Card Numbe	r* Ø			
Doc. Expira	tion Date (mm/d	d/yyyy)					
Requested	Benefit(s)*						
Driver Lice	ense 🗌 State ID	Card					
Additional	Request(s)						
Request E	Employment Authorithe History Data	orization 🕜	Request Affic Data	davit of Support 🔞	1	Request Grant Date	0
Back	Next						

### **INITIATE CASE – PHOTO MATCHING**

	U.S. Citizen: and Immig Services	ship ration		U.S.U		Selecome, B	randon Hairston
û	Cases	Profile	Agency	Reports	Help		Sign Out
© Yes - p © No - ph	ATCHING Check the photo b Does the photo be	low match the applic		s I-551 (Permanent	Case Verification Number: 2		
						Accessibility	Download Viewers

### VIEW CASE DETAILS

▲ INITIAL RESPONSE DETAILS	System Response	: LAWFUL PERMANENT RESIDENT-E	MPLOYMENT AUTHORIZED
Record Details First Name: MAY Last Name: LEE Middle Name: Date of Birth: 01/19/1950 Country:	Status Information COA Code: LPR Date of Entry: Date Admitted To: INDEFINITE EAD Expiration Date: Grant Date:		
▲ PHOTO MATCH			
Returned Photo	Photo Match Yes - photo matches		
Applicant Information First Name: MAY Last Name: LEE Middle Initial: Date of Birth: 01/19/1950 Initiated by Name: BHAI5069 Date: 01/28/2014	Document Information Document Type: I-551 Other Doc Description: Doc Expiration Date: Alien/USCIS Number: 888888819 Card Number: MSC8888888199 I-94 Number: Passport Number: Country of Issuance: Passport Expiration Date: SEVIS ID: Visa Number: Citizenship Cert. Number: Naturalization Number:	Requested Benefit(s) Background Invest	
Close Case Request Add	itional Verification		
		Acc	essibility Download Viewe

### INITIAL VERIFICATION RETRY

	U.S. Citizens and Immigr Services	hip ation		U.S.		SAVE Welcome, Patricia Sullivan
ft	Cases	Profile	Agency	Reports	Help	- Sign Out
INITIATI	E CASE					
INITIAL V	ERIFICATION R	ETRY			Case Verification	Number: 2016189114323EG   Doctor Who
No match	found. Check the ap	plicant informa	tion. +Indicates a n	equired field.		
If the inform	ation below is:					
Correct: If this case w	t: Update it, and self Select Request Addi ias initiated in error, cournent Type	tional Verification	onl			
Name						
Last Name Who			First Name Doctor		Middle Initia	al .
Date of Birt 11/24/1969	th					
	Information					
Alien/USCI			Card Number			
222333444	×" 0		ABC12312345	67 * 0		
Document E	Exp. Date					
Requested i	Benefit(s)					
Driver Licens	ie .					
Additional	Request(s)					
<b>Request Em</b>	aployment Authori History Data	zation	Request Affidavi	it of Support Dat	a Request	t Grant Date

### ENTER ADDITIONAL INFORMATION – ADDITIONAL VERIFICATION

ENTER ADDITIONAL INFORMATION	
ADDITIONAL VERIFICATION	Case Verification Number: 2016189075906YZ   Doctor Who
You may enter additional information about your applicant.	
SAVE Tip: Save time by attaching a copy of the applicant's document now - if you do no	ot, you may receive a request for a Third Level Verification.
Name A.K.A.	
Document Information I-94 Number	
	Passport Number
Country of Issuance	
✓ Ø	
Special Comments	
Additional Request(s) ✓ Request Affidavit of Support Data Agency Information POC Name	
Doctor Who * 🕑	
POC Phone Number	User Case Number
(410) 242 - 0455 ext. *	
Attach Document 🔮	
Electronically attach a copy of the applicant's document (front and back) t If you do not electronically attach a copy, this case will go to Additional Ve Verification at a later time.	
Browse Attach	)

### **REQUEST FURTHER VERIFICATION-TAKE ACTION**

n	Cases	Profile	Адепсу	Reports	Help		Sign Out 📗
	ASE DETAILS					📇 View/Print Er	tire Case Detail
CASE RE	QUIRES ACTIC	ON TO CONT	INUE		Case	Verification Number: 2016189114323EG	Doctor Who
		ional information			us of your bene	efit applicant. Click the "Take Action" button	
	TIONAL RESPON	SE DETAILS					
	t Doc (Need Copy	Original)	Status Datos			DHS Comments	
Status Details     Status Dates       COA Code:     Response Date       USCIS Benefits:     Date Admitted       Grant Date:     Expires On:       Parole Expirat		d To:	Dris comments				
A DATA	SUBMITTED						
First Nar Last Nar Middle I					4	Requested Benefit(s) Driver License	
	Contact atricia Sullivan 202) 443 - 0139						
Initiated Name: P Date: 07	SUL1439						

### ENTER ADDITIONAL INFORMATION – BROWSE and ATTACH DOCUMENT

ENTER ADDITIONAL INFORMATION	View/Print Entire Case Detail
THIRD LEVEL VERIFICATION	Case Verification Number: 2016189114323EG   Doctor Who
Enter additional applicant information to continue the verification process.	
If you cannot attach a copy of the applicant's document, follow the steps below to mail	the paper Form G-845 for your applicant.
Name	
A.K.A.	
Document Information	
I-94 Number	
0	
	Passport Number
	0
Country of Issuance	
v 8	
Special Comments	
Ţ	
Additional Request(s)	
Request Employment Authorization 2 Request Affidavit of Support Document History Data Data	Request Grant Date
Agency Information POC Name	
Patricia Sullivan * 🕐	
POC Phone Number	User Case Number
202 ) 443 - 0139 ext. *	0
	· · · · · · · · · · · · · · · · · · ·
Attach Document 🛛	
Electronically attach a copy of the applicant's document (front and back) to	immediately submit a Third Level Verification
If you do not electronically attach a copy, you must mail a paper G-845 to	
Browse Attach	1

#### ENTER ADDITIONAL INFORMATION - VERIFY FORM G-845 RETURN MAILING ADDRESS

	s document (front and back) to immediately submit a Third Level Verification. u must mail a paper G-845 to your designated Status Verification Office.	
	Browse	
Remove		
Form G-845 Return Mailing Address		
	s as necessary by the pre-populated USCIS address cument (front & back) to the pre-populated USCIS address	
<ol> <li>Click the "Submit" button to generate the Form G-845</li> <li>Mail the Form G-845 with a copy of the applicant's doc</li> <li>Mailing Address</li> </ol>	5 68	
<ol> <li>Click the "Submit" button to generate the Form G-845</li> <li>Mail the Form G-845 with a copy of the applicant's doc</li> <li>Mailing Address</li> <li>Address 1</li> </ol>	5 68	
<ol> <li>Click the "Submit" button to generate the Form G-845</li> <li>Mail the Form G-845 with a copy of the applicant's doc</li> <li>Mailing Address</li> <li>Address 1</li> <li>490 LEnfant Plaza</li> </ol>	5 68	
<ol> <li>Click the "Submit" button to generate the Form G-845</li> <li>Mail the Form G-845 with a copy of the applicant's doc</li> <li>Mailing Address</li> <li>Address 1</li> <li>490 LEnfant Plaza</li> </ol>	5 68	
<ol> <li>Click the "Submit" button to generate the Form G-845</li> <li>Mail the Form G-845 with a copy of the applicant's doc</li> <li>Mailing Address</li> <li>Address 1</li> <li>490 LEnfant Plaza</li> <li>Address 2</li> </ol>	5 68	
Click the "Submit" button to generate the Form G-845     Mail the Form G-845 with a copy of the applicant's doc     Mailing Address     Address 1     490 LEnfant Plaza     Address 2     City	5 68	
2. Click the "Submit" button to generate the Form G-845 3. Mail the Form G-845 with a copy of the applicant's doc Mailing Address Address 1 490 LEnfant Plaza Address 2 City Washington	5 68	
2. Click the "Submit" button to generate the Form G-845 3. Mail the Form G-845 with a copy of the applicant's doc Mailing Address Address 1 490 LEnfant Plaza Address 2 City Washington * State	5 68	
Click the "Submit" button to generate the Form G-845     Mail the Form G-845 with a copy of the applicant's doc  Mailing Address Address 1 490 LEnfant Plaza Address 2 City Washington * State	5 68	

<b>INITIATE CASE APPLICANT INFORMATION I-766</b>	INITIATE	CASE	APPLI	CANT	INFOR	RMATI	ON I-766
--	----------	------	-------	------	-------	-------	----------

8	U.S. Citizen and Immig Services	ship ration		U.S		2.6	SAVE, Welcome, Govern Woodbury
î î	Cases	Profile	Agency	Reports	Help		Sign Out 🔒
INITIAT	ECASE						
APPLICAN	T INFORMATIO	ON					
Enter docum	ent information.	*Indicates a re	auired field.				
I-766 (Emplo Name Last Name Date of Birt	h (mm/dd/yyyy) h (mm/dd/yyyy) Normation S Number * 2	on Card)	First Name		• 0	Middle Initial	
	tion Date (mm/dd/ * Benefit(s)*	(איניעי)					
	Request(s)						
Request B	mployment Author t History Data	rization 🕜	C Request Gran	nt Date 🕜			
Back	Next	1					12

# **INITIATE CASE APPLICANT INFORMATION I-571**

	U.S. Citizen and Immig Services	ship ration		U.c.		2	SAVE Welcome, Govern Woodbur
î.	Cases	Profile	Agency	Reports	Help		Sign Out
INITIAT	E CASE						
APPLICAN	T INFORMATI	ON					
Enter docum	ent information.	*Indicates a re	quired field.				
Selected D I-571 (Refug	ocument Type gee Travel Documer	nt)					
Name			_			Middle Initial	
Last Name	8	* 6	First Name		* 0	Middle Initial	
	th (mm/dd/yyyy) Information S Number * ?						
Doc. Expira	tion Date (mm/dd,	(איציצי)					
Requested	Benefit(s)*						
Driver Lic	ense						
Additional	Request(s)						
Request	Employment Author t History Data	rization 🕜	🗌 Request Gra	nt Date 🕜			
Back	Next						

#### **INITIATE CASE – APPLICANT INFORMATION (I-327)**

				- 47		Welcome, Govern Woodbu
î	Cases	Profile	Agency F	Reports Help		Sign Out
	E CASE					
APPLICAN	T INFORMATIO	N				
Enter docum	ent information.	*Indicates a req	uired field.			
I-327 (Reent	ocument Type ry Permit)					
Name Last Name			First Name		Middle Initial	
		* 0		* 0		
	h (mm/dd/yyyy) * Information S Number * ?					
Doc. Expira	tion Date (mm/dd/γ	ууу)				
Requested	Benefit(s)*					
Driver Lic	ense					
Additional	Request(s)					
Request 8	mployment Authoriz t History Data	zation 🕜	Request Affidavi Data	t of Support 🕜	Request Grant Date	0

# INITIATE CASE/APPLICANT INFORMATION-CERT OF CITIZENSHIP

	U.S. Citizens and Immig Services	ship ration		U.c		2	Welcome, Govern Woodbury
î î	Cases	Profile	Agency	Reports	Help		Sign Out 🗗
INITIATI	CASE						
APPLICAN	T INFORMATIO	NC					10
872072 ST 077979	ent information. ocument Type	<ul> <li>Indicates a req</li> </ul>	uired field,				
Name Last Name	Citizensinp		First Name			Middle Initial	
Date of Birt	h (mm/dd/yyyy)	* 0			* 0		
Document Alien/USCI	Information 5 Number * ?		Citizen <mark>s</mark> hip	Certificate Numb	oer		
Requested	Benefit(s)*						
Additional	Request(s) mployment Author : History Data	ization 🕜					
Back	Next						

### INITIATE CASE/APPLICANT INFO-NATURALIZATION CERTIFICATE

<b>î</b>	Cases	Profile	Agency	Reports	Help		Sign Out
INITIATI	CASE						
APPLICAN	T INFORMAT	ION					
	ent information.	*Indicates a requ	المتعام المعالم				
		*indicates a requ	med neid.				
Selected D	ocument Type	on and Citizenship D	ocumont)				
	IECK (Naturalizatio	on and citizenship o	ocumency				
Name							
Last Name		* 0	First Name	14	0	Middle Initial	
1		U					
Date of Birt	h (mm/dd/yyyy)						
	*						
Document	Information						
Alien/USCI			Natz/Citz Nun	nber			
	0		1	* 0			
Requested							

### MACHINE READABLE IMMIGRANT VISA

8	U.S. Citizen and Immig Services	ship ration		is in		Welcome	Govern Woodbury
<b>î</b>	Cases	Profile	Agency	Reports	Help	-	Sign Out 📑
INITIATE	CASE						
-	T INFORMATIO	ON					
	ent information.	*Indicates a re	awired field				
Selected D	ocument Type		ary I-551 Language	e)			
Name Last Name		* 6	First Name		Middle Initial		
Document Alien/USCIS	* Information Number * 7						
Passport Nu	mber * Ø		Country of	Issuance		⊻* 8	
Passport Ex	p. Date (mm/dd/y	(זיזי	Visa Numbe	er 🕜			
Requested	Benefit(s)*						
Driver Lice	inse						
	Request(s)						
	mployment Author History Data	rization 🕜	Data	idavit of Support 🔞	C Reques	t Grant Date 🔞	
Back	Next	1					

# **TEMPORARY I-551 STAMP (on Passport or I-94)**

	Cases	Profile	Agency	Reports	Help		Sign Out
INITIAT	E CASE						
PPLICAN	T INFORMATIO	N					
Inter docum	ent information.	#Indicates a req	uired field.				
	ocument Type						
2,2%C3048C14C54.2C	551 Stamp (on pass	port or I-94)					
Name Last Name			First Name			Middle Initial	
ast name		* 0	Thist Hame	*	0		
ocument	Information						
	* ?						
Alien/USCI	* Ø		Country of Is	suance			
Alien/USCI Passport N	* 0		Country of Is	suance		✓ 0	
Alien/USCI Passport Nu	* Ø	y)	Country of Is	suance		✓ 0	
Alien/USCI Passport Nu Passport Ex	* 0 umber p. Date (mm/dd/yyy	y)	Country of Is	suance		✓ 0	
Alien/USCI Passport Nu Passport Ex Requested	* 0 umber 0 up. Date (mm/dd/yyy 0 Benefit(s)*	γ)	Country of Is	suance		✓ 0	
Alien/USCI Passport Nu Passport Ex Requested Driver Lic Additional	* 0 umber 0 up. Date (mm/dd/yyy 0 Benefit(s)*			suance		Request Grant Date	

# I-94 (ARRIVAL/DEPARTURE RECORD)

	U.S. Citizens and Immig Services	ship ration		U.S		2.0	SAVE, Welcome, Govern Woodbury
<b>n</b>	Cases	Profile	Agency	Reports	Help		Sign Out 🗜
INITIAT	CASE						
APPLICAN	T INFORMATIC	ON					
Enter docume	ent information.	*Indicates a req	uired field.				
I-94 (Arrival/ Name Last Name Date of Birt Document I-94 Numbe	a (mm/dd/yyyyy) a (mm/dd/yyyy) a (mm/dd/yyyyy) a (mm/dd/yyyy) a (mm/dd/yyyy) a (mm/dd/yyyy) a (mm/dd/yyyy) a (mm/dd/yyyy) a (mm/dd/yyyy) a (mm/dd/yyyy) a (mm/dd/yyy) a (mm/dd/yyyy) a (mm/dd/yyy) a (mm/dd/y		First Name	0	)* <b>O</b>	Middle Initial	
Requested	Benefit(s)*						
Driver Lice	inse						
Additional	Request(s) rant Date 🕜						
Back	Next	a -					

#### SAVE Access Method Screen Shots I-94 IN UNEXPIRED FOREIGN PASSPORT

	U.S. Citizer and Immig Services	nship gration		U.S		2	SAVE, Welcome, Govern Woodbury
â	Cases	Profile	Agency	Reports	Help		Sign Out 🕒
INITIAT	ECASE						
	T INFORMAT	ION					
Enter docum	ent information.	*Indicates a re	quired field.				
Selected D I-94 (Arrival	ocument Type /Departure Record	d) in Unexpired For	eign Passport				
Name Last Name			First Name			Middle Initial	
Last Name		* @			* 0	Middle Initial	
	* 0		SEVIS ID	0			
Passport N	* O		Country of 1	ssuance		~*	0
Passport Ex	<b>(p. Date</b> (mm/dd/	(איציע)	Visa Numbe	0			
Requested	Benefit(s)*						
	Request(s) Grant Date						
Back	Next						2

### UNEXPIRED FOREIGN PASSPORT

۲	U.S. Citizer and Immig Services	1ship gration		Uc		2	Welcome, Govern Woodbury
n	Cases	Profile	Agency	Reports	Help		Sign Out 📑
INITIAT	E CASE						
APPLICAN	T INFORMAT	ION					
Enter docum	ent information.	#Indicates a rec	uired field.				
Unexpired Fo	ocument Type preign Passport						
Name Last Name			First Name			Middle Initial	
		* 0			* 0		
	0		SEVIS ID	3			
	* 0			3500mee		~*	0
Requested Driver Lic Additional	Request(s) Grant Date (mm/dd/) * * * * * * * * * *	(ייייי)					
Back	Next						

#### SAVE Access Method Screen Shots I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)

	Cases	Profile	Agency	Reports	Help			Sign Out
	CASE							
APPLICANT	INFORMATIO	N						
Enter document	information.	*Indicates a requ	ired field.					
Selected Doc	ument Type							
I-20 (Certificate	of Eligibility for !	Nonimmigrant (F-	1) Student Status)					
Name								
ast Name			First Name			Middle Initial		
		* ?			* 🕜			
Date of Birth (	mm/dd/yyyy)							
	*							
10								
Document In	formation							
I-94 Number	0		SEVIS ID					
	0			* 0				
Doc. Expiratio	n Date (mm/dd/y	YYY)						
	0							
Passport Num	ber		Country of Is	suance				
Passport Num	ber		Country of Is	suance			× 0	

# DS 2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

	U.S. Citizer and Immig Services	nship gration		U.S.		3	Welcom	e, Govern Woodbury
<b>n</b>	Cases	Profile	Agency	Reports	Help			Sign Out 📑
INITIAT	E CASE							
APPLICAN	T INFORMAT	ION						
Enter docum	ent information.	*Indicates a requ	iired field.					
DS2019 (Cer Name Last Name Date of Birt Document I-94 Numb	h (mm/dd/yyyy) * Information	ty for Exchange Visit	or (J-1) Status) First Name SEVIS ID	^* Ø	0	Middle Initial		
Requested	8enefit(s)*		Country of Iss	uance			✓ Ø	
Back	Next	•						

### SAVE Access Method Screen Shots

### **OTHER (Select if Document Not Listed)**

	U.S. Citizen and Immig Services	ship tration		U.S.D		SAVE Welcome, Govern Woodbur
<b>n</b>	Cases	Profile	Agency	Reports	Help	Sign Out
INITIATI APPLICAN	E CASE T INFORMATI	ON				
Enter docum	ent information.	*Indicates a re	ouired field.			
Selected D	ocument Type If Document Not					
Name Last Name		* 0	First Name	*	0	Middle Initial
Date of Birt	h (mm/dd/yyyy) *	62				
	Information CIS Number	*	SEVIS ID	0		
Doc. Expira	tion Date (mm/dd	(זיניני/)	Other Docu	ment Description	•	]•
Passport Nu	mber 🕜		Country of I	Issuance		√ 0
Requested	Benefit(s)* ense					
Request E	<b>Request(s)</b> mployment Autho : History Data	rization ဈ	Request Aff	idavit of Support 💡		Request Grant Date 🔞
Back	Next	1				

### SEARCH CASES – CASE FILTER

U.S. Citizenship and Immigration Services	SALE, Welcome, Trish Sullivan
Cases Profile Age	ency Reports Help Sign Out 🖡
SEARCH CASES	
CASE FILTERS	
Enter search criteria to display a list of relevant cases.	
Case Status	
All Open Cases	O Cases Requiring Action
O Cases with Additional Verification Responses	O Cases with Third-Step Verification Responses
O Cases In Process	O Closed Cases
Verification Number	Naturalization/Citizenship Certificate Number
Alien/USCIS Number	I-94 Number
	User Case Number
Passport Number	User Case Number
Date Initiated From (mm/dd/yyyy)	Date Initiated To (mm/dd/yyyy)
Department	
×	
Group	
×	
Initiated By	
V	
-	
Cancel Submit	

### SEARCH CASES - SUMMARY LIST

î.	Cases	Profile Agen	cy Reports	Help			Si	ign Out
EARC	H CASES							
UMMA	RY LIST							
ick on a	column title to sort th	iis list.						
Case S	ummary List			111				
ase ype	Response		Verification Number	ID Number	Name Provided	Department	Group	Initiated By
6	Resubmit Doc (Need (	Copy Original)	2017284151929MF	A# 111111111		SAVE Liaison	8th Floor	PFIS200
1	INSTITUTE ADDITION	AL VERIFICATION	2017159092623NP	PP # G36418609		SAVE Liaison	8th Floor	PFIS200
6	Resubmit Doc (Need (	Copy Original)	2017157071131UF	1# 2222222222222		SAVE Liaison	8th Floor	VSAN373
Ţ	INSTITUTE ADDITION	AL VERIFICATION	2017116151601BQ	A # 3333333333		SAVE Liaison	8th Floor	VSAN373
6	LAWFUL PERMANEN AUTHORIZED	IT RESIDENT-EMPLOYMENT	2017087071817WT	A# 088067524	MAZZI, FRANK	SAVE Liaison	8th Floor	PJOH663
G	U.S. Citizen		2017086130443BD	A# 212354939	BHATTARAI, LACHUMAN N	SAVE Liaison	8th Floor	VSAN373
6	Other		2017074141526NT	A # 222999988		SAVE Liaison	8th Floor	VSAN373
1	INSTITUTE ADDITION	AL VERIFICATION	2017072063951SD	A # 988888888		SAVE Liaison	8th Floor	PJOH663