



**Interagency Record of Request -  
A, G, or NATO Dependent Employment Authorization or  
Change/Adjustment To/From A, G, or NATO Status**

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

**USCIS  
Form I-566**  
OMB No. 1615-0027  
Expires 05/31/2018

**FOR USCIS OFFICE ONLY**

Remarks:

A-Number: \_\_\_\_\_

To be completed by an attorney or accredited representative (if any).

Select this box if Form G-28 is attached.

Attorney State Bar Number (if applicable)

Attorney or Accredited Representative USCIS Online Account Number (if any)

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

**Part 1. Information About You**

**Other Information**

**NOTE:** The person requesting employment authorization or change/adjustment of status provides the requested information.

5. Date of Birth (mm/dd/yyyy) \_\_\_\_\_

6. Country of Birth \_\_\_\_\_

7. Country of Citizenship or Nationality \_\_\_\_\_

8. Gender  Male  Female

9. Marital Status

- Single  Married  Divorced  Widowed  
 Legally Separated  Marriage Annulled  
 Other \_\_\_\_\_

10. Alien Registration Number (A-Number) (if any)

11. U.S. Social Security Number (SSN) (if any)

12. Department of State (DOS) Personal Identification Number (PID)

13. USCIS Online Account Number (if any)

14. Provide your relationship to the principal alien (if applicable).

**Information About Your Last Arrival into the United States**

15.a. Form I-94 Arrival-Departure Record Number (if any)

**Full Legal Name**

1.a. Family Name (Last Name) \_\_\_\_\_

1.b. Given Name (First Name) \_\_\_\_\_

1.c. Middle Name \_\_\_\_\_

**U.S. Mailing Address**

[\(USPS ZIP Code Lookup\)](#)

2.a. In Care Of Name (if any) \_\_\_\_\_

2.b. Street Number and Name \_\_\_\_\_

2.c.  Apt.  Ste.  Flr. \_\_\_\_\_

2.d. City or Town \_\_\_\_\_

2.e. State \_\_\_\_\_

2.f. ZIP Code \_\_\_\_\_

3. Is your current mailing address the same as your physical address?  Yes  No

**NOTE:** If you answered "No" to Item Number 3., provide your physical address in Item Numbers 4.a. - 4.e.

**U.S. Physical Address**

4.a. Street Number and Name \_\_\_\_\_

4.b.  Apt.  Ste.  Flr. \_\_\_\_\_

4.c. City or Town \_\_\_\_\_

4.d. State \_\_\_\_\_

4.e. ZIP Code \_\_\_\_\_

**Part 1. Information About You (continued)**

15.b. Passport or Travel Document Number

15.c. Country That Issued Your Passport or Travel Document

15.d. Expiration Date for Your Passport or Travel Document (mm/dd/yyyy)

16. Date of Your Last Arrival into the United States, On or About (mm/dd/yyyy)

17. Your Current Immigration Status (for example, A-3 attendant, G-1 principal representative, NATO-2 other representative)

6. Marital Status

Single  Married  Divorced  Widowed

Legally Separated  Marriage Annulled

Other

7. DOS Personal Identification Number (PID)

8. USCIS Online Account Number (if any)

**Information About the Principal Alien's Last Arrival into the United States**

9.a. Form I-94 Arrival-Departure Record Number (if any)

9.b. Passport or Travel Document Number

9.c. Country That Issued His or Her Passport or Travel Document

9.d. Expiration Date for His or Her Passport or Travel Document (mm/dd/yyyy)

**Part 2. Information About Principal Alien**

**NOTE:** If you are the principal alien and submitting Form I-566 on your own behalf, do not complete this section.

**Principal Alien's Full Legal Name**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

**Principal Alien's U.S. Physical Address**

2.a. Street Number and Name

2.b.  Apt.  Ste.  Flr.

2.c. City or Town

2.d. State

2.e. ZIP Code

**Principal Alien's Other Information**

3. Date Tour of Duty in the United States Expected to End (mm/dd/yyyy)

4. Job Title

5. Country of Citizenship or Nationality

**Part 3. Type of Request**

1. I am requesting (select **only one** box):

Employment Authorization (Proceed to **Item Numbers 2.a. - 2.d.**)

Change/Adjustment of Status (Proceed to **Item Numbers 3.a. - 3.b.**)

**Requests for Employment Authorization**

2.a. I am a/an (select **only one** box):

Spouse  Son or Daughter

Other Dependent Recognized by DOS

2.b. If you selected "Son or Daughter," indicate your status if you are 21 years of age or older (select **only one** box).

Full-time, Post-secondary Student

Disabled Person

2.c. If you selected a status in **Item Number 2.b.**, provide your age.

2.d. If you selected "Other Dependent Recognized by DOS," provide your category below.

**Part 3. Type of Request** (continued)

**Requests for Change/Adjustment of Status**

**3.a.** I am requesting a/an (select **only one box**):

- Change of Nonimmigrant Status **TO** A, G, or **NATO**
- Change **of** Nonimmigrant Status **FROM** A, G, or **NATO**
- Adjustment of Status Under Immigration and Nationality Act (INA) Section 247(a) from Immigrant to A or G Nonimmigrant
- Adjustment **of Status** from A, G, or NATO Nonimmigrant to Immigrant
- Adjustment of Status Under 8 U.S.C. 1255b (Section 13 of the Act of September 11, 1957) from A-1, A-2, G-1, or G-2 Nonimmigrant to Lawful Permanent Resident

**3.b.** If you selected "Change of Nonimmigrant Status" **TO** or **FROM** "A, G, or NATO," provide the specific category below.

**NOTE:** Form I-566 is not required if you have changed from A, G, or NATO nonimmigrant status to asylum (protected) status.

**Part 4. Requestor's Statement, Contact Information, Declaration, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-566 Instructions before completing this section.

**Requestor's Statement**

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a.**  I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- 1.b.**  The interpreter named in **Part 5.** read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2.**  At my request, the preparer named in **Part 6.**, , prepared this request for me based only upon information I provided or authorized.

**Requestor's Contact Information**

- 3.** Requestor's Daytime Telephone Number
- 4.** Requestor's Mobile Telephone Number (if any)
- 5.** Requestor's Email Address (if any)

**Requestor's Declaration and Certification**

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that the U.S. Citizenship and Immigration Services (USCIS) may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any **and all** of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that all of the information in my request **and any document submitted with it were provided or authorized by me**, that I reviewed and understand all of the information contained in, and submitted with, my request and that all of this information is complete, true, and correct.

**Requestor's Signature**

- 6.a.** Requestor's Signature
- 6.b.** Date of Signature (mm/dd/yyyy)

**NOTE TO ALL REQUESTOR'S:** If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

**Part 5. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

**Interpreter's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty or perjury, that:

I am fluent in English and ,

which is the same language specified in **Part 4., Item Number 1.b.**, and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Requestor's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

**Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor**

Provide the following information about the preparer.

**Preparer's Full Name**

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor** (continued)

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

5. Preparer's **Mobile Telephone** Number (if any)

6. Preparer's Email Address (if any)

**Preparer's Statement**

7.a.  I am not an attorney or accredited representative but have prepared this request on behalf of the **requestor** and with the **requestor's** consent.

7.b.  I am an attorney or accredited representative and **my representation of the requestor in this case**  extends  does not extend beyond the preparation of this request.

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this request.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Requestor's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

**Preparer's Signature**

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

**Part 7. Additional Information**

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. **Type or print** your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d. \_\_\_\_\_  
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5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d. \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**NOTE TO ALL REQUESTORS: Do not complete Parts 8., 9., or 10. The agencies adjudicating your request will complete these sections.**

DRAFT  
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PRODUCTION  
05/24/2018

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**Part 8. Certification by Diplomatic Mission, International Organization, NATO/HQ SACT, or NATO Member State**

**NOTE:** Certifying officer or official must have this information and page to complete process.

1.  I certify that the information provided in **Parts 1., 2., and 3.** of this Form I-566 is true and correct to the best of my knowledge and according to our official records.

2.a. I further certify that the requestor's eligibility for employment authorization was verified under the provisions of a (select **only one** box):

- Bilateral Agreement
- Bilateral De facto Arrangement
- G-4 Regulations

**Additional Information About Agreement or Arrangement**

2.b. Name of the Country With Which the Agreement or Arrangement was Made

2.c. Select **all applicable** boxes.

- Without a Numerical Limit
- With a Numerical Limit and This Requestor is Within the Limit

**For Change/Adjustment of Status**

3.a.  I further certify that the principal alien is being offered the following position:

3.b. DOS Notification Date (mm/dd/yyyy)

**Certifying Official's Information**

4.a. Certifying Official's Last Name

4.b. Certifying Official's First Name

5. Certifying Official's Title

6. Certifying Official's Daytime Telephone Number

7. Certifying Official's Email Address (if any)

**Certifying Official's Signature**

8.a. Certifying Official's Signature

8.b. Date of Signature (mm/dd/yyyy)

**Address of Diplomatic Mission, International Organization, NATO/HQ SACT, or NATO Member State**

9.a. Name of Diplomatic Mission, International Organization, NATO/HQ SACT, or NATO Member State

9.b. Street Number and Name

9.c.  Apt.  Ste.  Flr.

9.d. City or Town

9.e. State

9.f. ZIP Code

9.g. Province

9.h. Postal Code

9.i. Country

**Official Seal**

06/24/2018

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**Part 9. DOS, NATO/HQ SACT, and/or DOS USUN Information**

**1.a. Recommendation from DOS, NATO/HQ SACT, and/or DOS USUN**

- Grant Request
- Deny Request

For Change/Adjustment of Status only:

**1.b. If you selected "Deny Request," provide the reasons for the recommendation.**


**2. Date of Recommendation (mm/dd/yyyy)**

**3. Office Providing Recommendation**

- DOS OFM     DOS Protocol     DOS Visa
- DOS USUN Host Country

**Signature and Contact Information for Recommending Official**

**4.a. Recommending Official's Signature**

**4.b. Recommending Official's Daytime Telephone Number**

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**Part 10. USCIS Information**

**Information About USCIS Immigration Services Officer (ISO)**

**1. ISO's Identification Number**

**2. USCIS Office**

**3. Office Telephone Number (including area code)**

**Information About USCIS Action Taken on This Request**

**4. Where was USCIS decision sent?**

- DOS OFM     DOS Protocol     DOS Visa
- NATO/HQ SACT     DOS USUN Host Country

**NOTE:** If the requestor filed under 8 U.S.C. 1255b ("Section 13"), advise USCIS of findings.

**5.a. Decision for Change/Adjustment of Status**

- Granted     Denied

**5.b. Date of Decision (mm/dd/yyyy)**

**5.c. If you selected "Granted," provide the new status below.**

**6.a. Decision for Employment Authorization Request**

- Granted     Denied

**6.b. Date of Decision (mm/dd/yyyy)**

**6.c. Employment Authorization Valid Until (mm/dd/yyyy)**

**6.d. Classification**

**7.a. Were DOS, NATO/HQ SACT, and/or DOS USUN Host Country notified?**

- Yes     No

**7.b. Date of Notification (mm/dd/yyyy)**