TABLE OF CHANGES – FORM Form I-508, Waiver of Certain Rights, Privileges, Exemptions, and Immunities OMB Number: 1615-0025 02/27/2023

Reason for Revision: Limited REV Phase: 30Day

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 12/31/2023 Edition Date 12/08/2021

| Current Page Number and Section | Current Text | Proposed Text |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Pages 2-3, Part 3. Statement, Contact Information, Certification, and Signature of the Person | [Page 2] Part 3. Statement, Contact Information, Certification, and Signature of the Person Executing This Waiver Form | [Page 2] Part 3. Contact Information, Certification, and Signature of the Person Executing This Waiver Form |
| Executing This Waiver Form | NOTE: Select the box for either Item A. or Item B. in Item Number 1. | [deleted] |
| | <i>Statement</i>1. Statement Regarding the Interpreter | |
| | A. I can read and understand English, and I have read and understand every question, statement, and instruction on this waiver form, and my answer or selection for every item. | |
| | B. The interpreter named in Part 4. read to me every question, statement, and instruction on this waiver form, and my answer or selection for every question, in [Fillable Field], a language in which I am fluent, and I understood everything. | |
| | NOTE: If applicable, select the box for Item Number 2. | |
| | 2. Statement Regarding the Preparer | |
| | At my request, the preparer named in Part 5. , [Fillable Field], prepared this waiver form for me based only upon information I provided or authorized. | |
| | [new] | Provide your daytime telephone number, mobile telephone number (if any), and email address (if any). |

| | 1 | |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Person Executing This Waiver Form's Contact Information | Person Executing This Waiver Form's Contact Information |
| | 3. Daytime Telephone Number | 1. Person Executing This Waiver Form's Daytime Telephone Number |
| | 4. Mobile Telephone Number (if any) | 2. Person Executing This Waiver Form's Mobile Telephone Number (if any) |
| | 5. Email Address (if any) | 3. Person Executing This Waiver Form's Email Address (if any) |
| | Certification | Certification and Signature |
| | Although not required in order to submit this waiver form, if you have submitted any documents, you must certify the following: copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that 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. | [deleted] |
| | I furthermore authorize release of information contained in this waiver form, 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. | [Incorporated into the "I certify" paragraph] |
| | I certify, under penalty of perjury, that I provided or authorized all of the information on my waiver form, that I understand all of the information contained with, and submitted with my waiver form, and that all of the information is complete, true, and correct. I further certify that I am knowingly, intelligently, voluntarily waiving, and understand that I will no longer be eligible for any and all of the diplomatic rights, privileges, exemptions, and immunities that would otherwise accrue to me under any law or executive order because of my occupational status. | I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my waiver form, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part 4. , understood, all of the responses and information contained in, and submitted with, my waiver form, and that all of the responses and the information is complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law. |
| | [Page 3] | [Page 3] |
| | <i>Signature</i> 6. Signature | [deleted] 4. Person Executing This Waiver Form's Signature |
| | Date of Signature (mm/dd/yyyy) | Date of Signature (mm/dd/yyyy) |
| Page 3, Part 4. | [Page 3] | Page 3] |
| Interpreter's Contact | | |

| Information, Certification, and | Part 4. Interpreter's Contact Information, Certification, and Signature | Part 4. Interpreter's Contact Information, Certification, and <mark>Signature</mark> |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature | Provide the following information concerning the interpreter. | [deleted] |
| | <i>Interpreter's Full Name</i> 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name | <i>Interpreter's Full Name</i> 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name |
| | (if any) | |
| | Interpreter's Mailing Address 3. Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country | [deleted] |
| | <i>Interpreter's Contact Information</i> 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any) | Interpreter's Contact Information 3. Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any) 5. Interpreter's Email Address (if any) |
| | Interpreter's Certification | Interpreter's Certification and Signature |
| | I certify, under penalty of perjury, that: I am fluent in English and [Fillable Field], which is the same language specified in Part 3. , Item B. in Item Number 1. , and I have read to the person executing this waiver form every question, statement, and instruction on this waiver form, and his or her answer to every item in the identified language. The person executing this waiver form informed me that he or she understands every instruction, statement, question, and response to every item on this waiver form, including the Certification , and has verified the accuracy of every response. | I certify, under penalty of perjury, that I am fluent in English and [Fillable language field], and I have interpreted every question on this waiver form and Instructions and interpreted the person executing this waiver form's answers to the questions in that language, and the person executing this waiver form informed me that they understood every instruction, question, and answer on the waiver form. |
| | <i>Interpreter's Signature</i> 6. Interpreter's Signature Date of Signature (mm/dd/yyyy) | [deleted] 6. Interpreter's Signature Date of Signature (mm/dd/yyyy) |
| Page 4, Part 5. Contact | [Page 4] | [Page 4] |
| Information, Declaration, and Signature of the Person Preparing this Waver Form, if Other Than the | Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Waver Form, if Other Than the Person Executing this Waiver Form | Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Waver Form, if Other Than the Person Executing this Waiver Form |
| Person Executing this | Provide the following information about the preparer. | [deleted] |

| Waiver Form | Preparer's Full Name 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) | Preparer's Full Name 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 2. Preparer's Business or Organization Name (if any) | 2. Preparer's Business or Organization Name |
| | Preparer's Mailing Address 3. Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country | [deleted] |
| | <i>Preparer's Contact Information</i> 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any) | <i>Preparer's Contact Information</i> 3. Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any) 5. Preparer's Email Address (if any) |
| | Preparer's Statement 7. A. I am not an attorney or accredited representative but have prepared this waiver form on behalf of the person executing this waiver form and with that person's consent. | [deleted] |
| | B. I am an attorney or accredited representative and my representation of the person executing this waiver form extends/does not extend beyond the preparation of this waiver form. | |
| | 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, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this waiver form. | |
| | [Page 5] | Preparer's Certification and Signature |
| | Preparer's Certification | |
| | By my signature, I certify, under penalty of perjury, that I prepared this waiver form at the request of the person executing this waiver form. The person executing this waiver form then reviewed the completed waiver form and informed me that he or she understands all of the information contained within, and submitted with, his or her waiver form, including the Certification , and that all of this information is complete, true, and correct. I completed this waiver form on behalf of the person executing | I certify, under penalty of perjury, that I prepared this waiver form for the person executing this waiver form at their request and with express consent and that all of the responses and information contained in and submitted with the waiver form is complete, true, and correct and reflects only information provided by the person executing this waiver form. The person executing this waiver form reviewed the responses and information and informed me that they understand the responses and information in or submitted with the waiver |

| this waiver form, based only on the information | form. |
|-------------------------------------------------|--------------------------------|
| that the person executing this waiver form | |
| provided to me or authorized me to obtain or | |
| use. Although not required in order to submit | |
| this waiver form, if the requestor supplied | |
| additional information concerning a question on | |
| the request, I recorded it on the request. | |
| | [deleted] |
| Preparer's Signature | 6. Preparer's Signature |
| 8. Preparer's Signature | Date of Signature (mm/dd/yyyy) |
| Date of Signature (mm/dd/yyyy) | |
| | |