

TABLE OF CHANGES – INSTRUCTIONS

**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
<p>Page 2, Contact Information, Certification, and Signature for the Person Executing This Waiver Form</p>	<p>[Page 2]</p> <p>Contact Information, Certification, and Signature for the Person Executing This Waiver Form</p> <p>Select the appropriate box to indicate whether you read this waiver form yourself or whether you had an interpreter assist you. If someone assisted you in completing the waiver form, select the box indicating that you used a preparer. Further, you must sign and date your waiver form and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every waiver form MUST contain the signature of the person executing this waiver form (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.</p>	<p>[Page 2]</p> <p>Contact Information, Certification, and Signature for the Person Executing This Waiver Form</p> <p>You must sign and date your waiver form and, if applicable, provide your daytime telephone number, mobile telephone number, and email address. The signature of a parent or legal guardian, if applicable, is acceptable. A stamped or typewritten name in place of a signature is not acceptable.</p>
<p>Page 2, Interpreter’s Contact Information, Certification, and Signature</p>	<p>[Page 2]</p> <p>Interpreter’s Contact Information, Certification, and Signature</p> <p>If you used anyone as an interpreter to read the instructions and questions on this waiver form to you in a language in which you are fluent, the interpreter must fill out this section, provide his or her name, the name and address of his or her business or organization (if any), his or her daytime</p>	<p>[Page 2]</p> <p>Interpreter’s Contact Information, Certification, and Signature</p> <p>If you used anyone as an interpreter to read the Instructions and questions on this waiver form to you in a language in which you are fluent, the interpreter must fill out this section, provide his or her name, the name and address of his or her business or organization (if any), his or her daytime</p>

	<p>telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must also sign and date the waiver form.</p>	<p>telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must also sign and date the waiver form.</p>
<p>Page 3, Contact Information and Signature of the Person Preparing this Form, if Other Than the Person Executing This Waiver Form</p>	<p>[Page 3]</p> <p>Contact Information and Signature of the Person Preparing this Form, if Other Than the Person Executing This Waiver Form</p> <p>This section must contain the signature of the person who completed your waiver form, if other than you, the person executing this waiver form. If the same individual acted as your interpreter and your preparer, that person should complete both applicable sections. If the person who completed this form is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this waiver form MUST sign and date the waiver form. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your waiver form is an attorney or accredited representative, he or she may also 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, along with your waiver form.</p>	<p>[Page 3]</p> <p>Contact Information and Signature of the Person Preparing this Form, if Other Than the Person Executing This Waiver Form</p> <p>The person who completed your waiver form, if other than the person executing this waiver form must sign this section. If the same individual acted as your interpreter and your preparer, then that person should complete both Part 4. and Part 5. A stamped or typewritten name in place of a signature is not acceptable.</p>
<p>Page 3, DHS Privacy Notice</p>	<p>[Page 3]</p> <p>DHS Privacy Notice</p> <p>AUTHORITIES: The information requested on this waiver form, and the associated evidence, is collected under INA section 247, 8 U.S.C. 1257, and 8 CFR sections 245.1 and 247.</p> <p>PURPOSE: The primary purpose for the requested information on this waiver form is to determine whether you have waived diplomatic or similar rights, privileges, exemptions, and immunities that may have accrued to you under any law or Executive Order. This waiver form also informs you</p>	<p>[Page 3]</p> <p>DHS Privacy Notice</p> <p>AUTHORITIES: The information requested on this waiver form, and the associated evidence, is collected under the Immigration and Nationality Act section 247, 8 USC 1257, and 8 CFR sections 245.1 and 247.</p> <p>PURPOSE: The primary purpose for the requested information on this waiver form is to determine whether you have waived diplomatic or similar rights, privileges, exemptions, and immunities that may have accrued to you under any law or Executive Order. The form also informs you that as a</p>

	<p>that as a lawful permanent resident of the United States, you are or will be ineligible for any and all such diplomatic rights, privileges, exemptions, and immunities previously held on your behalf by your sending country, office, or organization. DHS uses the information you provide to grant or deny the immigration benefit you are seeking.</p> <p>DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security Number (if applicable), and any requested evidence, may delay a final decision or result in denial of your waiver form.</p> <p>ROUTINE USES: The Department of Homeland Security (DHS) may share the information you provide on this waiver form and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System of Records and DHS/USCIS-007 Benefits Information System] and the published privacy impact assessment [DHS/USCIS/PIA-003 Integrated Digitization Document Management Program] which you can find at www.dhs.gov/privacy. DHS may also make the information available, as appropriate, for law enforcement purposes or in the interest of national security.</p>	<p>lawful permanent resident of the United States, you are or will be ineligible for any and all such diplomatic rights, privileges, exemptions, and immunities previously held on your behalf by your sending country, office, or organization. The Department of Homeland Security (DHS) uses the information you provide to grant or deny the immigration benefit you are seeking.</p> <p>DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security Number (if applicable), and any requested evidence, may delay a final decision or result in denial of your waiver.</p> <p>ROUTINE USES: DHS may share the information you provide on this waiver and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System of Records and DHS/USCIS-007 Benefits Information System] and the published privacy impact assessment [DHS/USCIS/PIA-003 Integrated Digitization Document Management Program] which you can find at www.dhs.gov/privacy. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.</p>
<p>Page 4, Paperwork Reduction Act</p>	<p>[Page 4]</p> <p>Paperwork Reduction Act</p> <p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 45 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the form, preparing</p>	<p>[Page 4]</p> <p>Paperwork Reduction Act</p> <p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 37 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the form, preparing</p>

	<p>statements, attaching necessary documentation, and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No 1615-0025. Do not mail your completed Form I-508 to this address.</p>	<p>statements, attaching necessary documentation, and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No 1615-0025. Do not mail your completed Form I-508 to this address.</p>
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