**TABLE OF CHANGES – INSTRUCTIONS**

**Instructions for Form I-566, Interagency Record of Request – A, G, or NATO Dependent Employment Authorization or Change/Adjustment To/From A, G, or NATO Status**

**OMB Number: 1615-0027**

**03/09/2023**

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| **Reason for Revision: Limited REV**  **Project Phase: 30 Day**  Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 12/31/2023  Edition Date 12/02/2021 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Pages 3-7,**  **Specific Instructions** | **[Page 3]**  **…**  **Part 4. Requestor’s Statement, Contact Information, Declaration, Certification, and Signature**  **Item Numbers 1.a. - 6.b.** Select the appropriate box to indicate whether you read this request yourself or whether you had an interpreter assist you. If someone assisted you in completing the request, select the box indicating that you used a preparer. Further, you must sign and date your request and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every request **MUST** contain the signature of the requestor (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.  **Part 5. Interpreter’s Contact Information, Certification, and Signature**  **Item Numbers 1.a. - 7.b.** If you used anyone as an interpreter to read the Instructions and questions on this request 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 telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the request.  **Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor**  **Item Numbers 1.a. - 8.b.** This section must contain the signature of the person who completed your request, if other than you, the requestor. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 5.** and **Part 6.** If the person who completed this request 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 request **MUST** sign and date the request. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your request 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, along with your request.  **…** | **[Page 3]**  **…**  **Part 4. Requestor’s Contact Information, Certification, and Signature**  You must sign and date your request 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.  **Part 5. Interpreter’s Contact Information, Certification, and Signature**  If you used anyone as an interpreter to read the Instructions and questions on this request to you in a language in which you are fluent, the interpreter must fill out this section and date the request.  **Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor**  The person who completed your request, if other than the requestor, must sign this section. If the same individual acted as your interpreter and your preparer, then that person should complete both **Part 5.** and **Part 6.** A stamped or typewritten name in place of a signature is not acceptable.  **…** |
| **Pages 12-13,**  **DHS Privacy Notice** | **[Page 12]**  **DHS Privacy Notice**  **AUTHORITIES:** The information requested on this form, and the associated evidence, is collected under the INA sections 103, 208(c)(1)(C), 211, 212(d)(5)(A), and 215 and 8 CFR sections 211.1(a)(3-4), 212.5, and 223.1-223.3.  **PURPOSE:** The primary purpose for providing the requested information on this form is to determine if you have established eligibility to receive employment authorization or change or adjust status. DHS uses the information you provide to grant or deny the immigration benefit you are seeking.  **[Page 13]**  **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 form.  **ROUTINE USES:** DHS may share the information you provide on this 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-001 - Alien File, Index, and National File Tracking System and DHS/USCIS-007 - Benefits Information System] and the published privacy impact assessments [DHS/USCIS/PIA-016a Computer Linked Application Information Management System and Associated Systems, DHS/USCIS/PIA-051 Case and Activity Management for International Operations, and DHS/USCIS/PIA-56 USCIS Electronic Immigration System] which you can find at [**www.dhs.gov/privacy**](http://www.dhs.gov/privacy). DHS may also share the information, as appropriate, for law enforcement purposes or in the interest of national security. | **[Page 13]**  **DHS Privacy Notice**  **AUTHORITIES:** The information requested on this form, and the associated evidence, is collected under INA sections 101(a)(15) and 103, and 8 CFR sections 214.2 and 274a.12.  **PURPOSE:** The primary purpose for providing the requested information on this form is to determine eligibility to request certain immigration benefits, such as dependent employment authorization as an eligible A-1, A-2, G-1, G-3, G-4, or NATO 1-6 dependent or a change or adjustment of status to, or from, A, G or NATO status. DHS uses the information you provide to grant or deny the benefit you are seeking on behalf of the listed beneficiary.  **[Page 13]**  **DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number, and any requested evidence, may delay a final decision or result in denial of your form.  **ROUTINE USES:** DHS may share the information you provide on this 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-001 - Alien File, Index, and National File Tracking System 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**](http://www.dhs.gov/privacy). DHS may also share the information, as appropriate, for law enforcement purposes or in the interest of national security. |
| **Page 13,**  **Paperwork Reduction Act** | **[Page 13]**  **Paperwork Reduction Act**  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 Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 1 hour and 25 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the request, preparing statements, attaching necessary documentation, and submitting the request. 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. 1615-0027. **Do not mail your completed Form I-566 to this address.** | **[Page 13]**  **Paperwork Reduction Act**  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 Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 1 hour and 17 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the request, preparing statements, attaching necessary documentation, and submitting the request. 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. 1615-0027. **Do not mail your completed Form I-566 to this address.** |