**TABLE OF CHANGES – FORM**

**Form I-590, Registration for Classification as Refugee**

**OMB Number: 1615-0068**

**10/17/2023**

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| **Reason for Revision: 83C****Project Phase: OMBReview**Legend for Proposed Text:* Black font = Current text
* Red font = Changes

Expires 08/31/2025Edition Date 08/10/2022 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 8-10,** **Page 10. Certification Of the Registrant, Interpreter, and Preparer** | **[Page 8]****Part 10.  Certification Of The Registrant, Interpreter, And Preparer****…****2.** **Registrant's Statement Regarding Preparer**I have requested the services of and consented to who is is not an attorney or accredited representative, preparing this form for me. **[new]****3.** **Registrant (Applicant) Certification**Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that 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 form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.I certify, under penalty of perjury, that the information in my form and any document submitted with my form were provided by me and are complete, true, and correct.**[Page 9]**Family Name:**A –**RSC Case #:**A.** Registrant's (Applicant's) SignatureDate of Signature *(mm/dd/yyyy)***B.** Telephone Number *(if any)***C.**E-mail Address *(if any)****Interpreter Certification***Provide the following information concerning the interpreter:**4.** **Interpreter's Name and Contact Information****A.** Interpreter's Family Name *(Last Name)*Interpreter's Given Name *(First Name)***B.**Interpreter's Business or Organization NameAddressTelephone NumberE-mail Address**5.** **Interpreter's Certification and Signature** **I certify that:**I am fluent in English and the same language provided in **Part 10.**, **Item B.** in **Item Number 1.**; I have read to this registrant every question and instruction on this form, as well as the answer to every question, in the language provided in **Part 10.**, **Item B.** in **Item** **Number 1.**; and the registrant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the registrant verified the accuracy of every answer. Interpreter's SignatureDate of Signature *(mm/dd/yyyy)*Additional Interpreter's Signature *(if applicable)*Date of Signature *(mm/dd/yyyy)****Preparer Certification***Provide the following information concerning the preparer:**6. Preparer's Name and Contact Information****A.** Preparer's Family Name *(Last Name)*Preparer's Given Name *(First Name)***B.**Preparer's Business or Organization NameAddressTelephone NumberFax NumberE-mail Address**7. Preparer's Statement, Certification, and Signature** By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of the registrant (applicant).  I completed the form based only on responses the registrant (applicant) provided to me.  After completing the form, I reviewed it and all of the registrant's (applicant's) responses with the registrant (applicant), who agreed with every answer on the form. If the registrant (applicant) supplied additional information concerning a question on the form, I recorded it on the form.Preparer's SignatureDate of Signature*(mm/dd/yyyy)*Additional Preparer's Signature *(if applicable)*Date of Signature*(mm/dd/yyyy)***[Page 10]**Family Name:**A –**RSC Case #: | **[Page 8]****Part 10.  Certification Of The Registrant, Interpreter, And Preparer****…****2.** **Registrant's Statement Regarding Preparer**I have requested the services of and consented to who is is not an attorney or accredited representative, preparing this form for me. 3. **Registrant's Statement Regarding Disclosure of Information to Social Security Administration**[] By checking this box, and upon USCIS determining I meet the definition of a refugee with work authorization, I authorize disclosure of my information to the Social Security Administration for the purpose of assigning me a Social Security number and issuing me a Social Security card.**4.** **Registrant (Applicant) Certification**Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that 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 form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.I certify, under penalty of perjury, that the information in my form and any document submitted with my form were provided by me and are complete, true, and correct.**[Page 9]**Family Name:**A –**RSC Case #:**A.** Registrant's (Applicant's) SignatureDate of Signature *(mm/dd/yyyy)***B.** Telephone Number *(if any)***C.**E-mail Address *(if any)****Interpreter Certification***Provide the following information concerning the interpreter:**5.** **Interpreter's Name and Contact Information****A.** Interpreter's Family Name *(Last Name)*Interpreter's Given Name *(First Name)***B.**Interpreter's Business or Organization NameAddressTelephone NumberE-mail Address**6.** **Interpreter's Certification and Signature** **I certify that:**I am fluent in English and the same language provided in **Part 10.**, **Item B.** in **Item Number 1.**; I have read to this registrant every question and instruction on this form, as well as the answer to every question, in the language provided in **Part 10.**, **Item B.** in **Item** **Number 1.**; and the registrant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the registrant verified the accuracy of every answer. Interpreter's SignatureDate of Signature *(mm/dd/yyyy)*Additional Interpreter's Signature *(if applicable)*Date of Signature *(mm/dd/yyyy)****Preparer Certification***Provide the following information concerning the preparer:**7. Preparer's Name and Contact Information****A.** Preparer's Family Name *(Last Name)*Preparer's Given Name *(First Name)***B.**Preparer's Business or Organization NameAddressTelephone NumberFax NumberE-mail Address**8. Preparer's Statement, Certification, and Signature** By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of the registrant (applicant).  I completed the form based only on responses the registrant (applicant) provided to me.  After completing the form, I reviewed it and all of the registrant's (applicant's) responses with the registrant (applicant), who agreed with every answer on the form. If the registrant (applicant) supplied additional information concerning a question on the form, I recorded it on the form.Preparer's SignatureDate of Signature*(mm/dd/yyyy)*Additional Preparer's Signature *(if applicable)*Date of Signature*(mm/dd/yyyy)* |
| **Page 15,****Instructions**  | **[Page 15]****Instructions****…****Registration -** A separate Form I-590 is required for each registrant. Form I-590 on behalf of a child under 14 years of age may be submitted by the parent or guardian.**[new]** | **[Page 15]****Instructions****…****Registration -** A separate Form I-590 is required for each registrant. Form I-590 on behalf of a child under 14 years of age may be submitted by the parent or guardian.**SSA Privacy Act Statement**Sections 205(c) and 702 of the Social Security Act, as amended, allow SSA to collect your information, which SSA will use to assign a Social Security Number (SSN) and issue a Social Security card. Providing this information is voluntary, but not providing all or part of the information may prevent SSA from assigning an SSN and issuing a Social Security card. As law permits, SSA may use and share the information you submit, including with other Federal agencies, contractors, employers, and others, as outlined in the routine uses within System of Records Notice (SORN) 60-0058, available at [**www.ssa.gov/privacy**](http://www.ssa.gov/privacy). The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.  |