TABLE OF CHANGES – FORM Form I-590, Registration for Classification as Refugee OMB Number: 1615-0068 10/17/2023

Reason for Revision: 83C Project Phase: OMBReview

Legend for Proposed Text:

• Black font = Current text

• Red font = Changes

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

Current Page Number and Section	Current Text	Proposed Text
Page 8-10,	[Page 8]	[Page 8]
Page 10. Certification Of the Registrant,	Part 10. Certification Of The Registrant, Interpreter, And Preparer	Part 10. Certification Of The Registrant, Interpreter, And Preparer
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]	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.
	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	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.

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) Signature Date 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 Name Address

Telephone Number E-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 Signature
Date 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*)

[Page 9]

Family Name:

A _

RSC Case #:

A. Registrant's (Applicant's) Signature Date 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 Name Address

Telephone Number E-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 Signature
Date 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) Preparer's Given Name (First Name) B. Preparer's Business or Organization Name **B.** Preparer's Business or Organization Name Address Address Telephone Number Telephone Number Fax Number Fax Number E-mail Address E-mail Address 7. Preparer's Statement, Certification, and 8. Preparer's Statement, Certification, and Signature Signature By my signature, I certify, swear or affirm, By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the form on behalf of, at the request of, and with the express consent of the registrant (applicant). I express consent of the registrant (applicant). I completed the form based only on responses the completed the form based only on responses the registrant (applicant) provided to me. After registrant (applicant) provided to me. After completing the form, I reviewed it and all of the completing the form, I reviewed it and all of the registrant's (applicant's) responses with the registrant's (applicant's) responses with the registrant (applicant), who agreed with every registrant (applicant), who agreed with every answer on the form. If the registrant (applicant) answer on the form. If the registrant (applicant) supplied additional information concerning a supplied additional information concerning a question on the form, I recorded it on the form. question on the form, I recorded it on the form. Preparer's Signature Preparer's Signature Date of Signature (mm/dd/yyyy) Date of Signature (mm/dd/yyyy) Additional Preparer's Signature (if applicable) Additional Preparer's Signature (if applicable) Date of Signature (mm/dd/yyyy) Date of Signature (mm/dd/yyyy) [Page 10] Family Name: RSC Case #: [Page 15] [Page 15] Page 15, Instructions **Instructions** Instructions **Registration -** A separate Form I-590 is **Registration -** A separate Form I-590 is required for each registrant. Form I-590 on required for each registrant. Form I-590 on behalf of a child under 14 years of age may be behalf of a child under 14 years of age may be submitted by the parent or guardian. submitted by the parent or guardian. [new] **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 .
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.