

New Sponsor application

<ARI>

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Here's how you know ✓

Sponsor Application for Family Unification MENU

1: Background
This section has not been started.

1.1 About the child (children)

Child (children) information

Child Delete

Child's first name

Child's last name

Child's date of birth

[+ Add another child](#)

1.2 About you, the Sponsor

Your name

Your first name

Last name

Your date of birth

Your country of citizenship

Proof of identity

Upload your government issued ID. You may present one selection from List A or two or more selections from List B. If you present selections from List B, at least one selection must contain a photograph. Expired documents are acceptable.

List A (upload one)

List A document selection

OR

List B (upload two)

List B document 1 selection

Your previously used name(s)

List other names you have used, such as your name before you were married or maternal last names (separate with commas)

Previous name Delete

Your previous name

When you stopped using this name

[+ Add another name](#)

Your place of birth

Please copy from your birth certificate

Country

State

City

1.3 Your addresses

Your current address

Street address

City State

Zip code

Address start date

Your past addresses

Where have you lived the past 5 years?

Previous address Delete

Country

Street address

City State

Zip code

Address start date

Address end date

[+ Add another address](#)

[Need Help? See Frequently Asked Questions or contact your Case Manager.](#)

[Save for later](#)

[Submit for Case Manager review](#)

Family Reunification Packet | Version 13
FRP-2 Authorization for Release of Information
Revised 12/28/2022

ADMINISTRATION FOR CHILDREN & FAMILIES
OFFICE OF REFUGEE RESETTLEMENT
ORR National Call Center
1 (800) 203-7001

Existing Section 2: Background becomes Section 1

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2: Authorization
This section has not been started. You must complete this section before you can proceed with the application.

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Carefully read this Authorization agreement and accompanying Privacy Notice, then provide your typed electronic signature.

I Authorize any investigator, special agent, employee, contractor, grantee or other duly accredited representative working on behalf of the Office of Refugee Resettlement (ORR) conducting my background investigation or sponsorship assessment to obtain information for the purposes of assessing my ability to provide appropriate care and placement of a child and for providing post release services, as needed, or my background as a member of the household or caregiver for a child, as applicable.

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[Agree and continue](#)

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2: Authorization
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2 of 5

I Authorize any federal, state, or local criminal justice agency; federal, state, local, or private child welfare agency; federal immigration agency; or any other sources of information, such as schools, courts, treatment providers, probation/parole officers, mental health professionals, or other references, to release information about any criminal history, child abuse and neglect charges or concerns, mental health issues, substance abuse, domestic violence, or any other psychosocial information gathered about me either verbally or in writing.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, employee, contractor, grantee, or other duly accredited representative of the ORR.

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[Agree and continue](#)

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I Understand that my biometric and biographical information, including my fingerprints, is shared with Federal, state or local law enforcement agencies and may be used consistent with their authorities, including with the U.S. Department of Homeland Security (DHS) and with the U.S. Department of Justice (DOJ) to investigate my criminal history through the National Criminal Information Center. I also understand that DHS cannot use my information for immigration enforcement actions, including placement in detention, removal, referral for a decision whether to initiate removal proceedings, or initiation of removal proceedings, unless I have been convicted of a serious felony, am pending charges for a serious felony, or I have been directly involved in or associated with any organization involved in human trafficking.¹

I Understand that the information released by any custodian of my records and any other sources of information about me is for official use by the U.S. Government, its employees, grantees, contractors, or other delegated personnel, for the purposes stated above, and may be disclosed by the U.S. Government only as authorized by law.

¹ See Consolidated Appropriations Act, 2023, Pub. L. 117-328, Division F, Title II, § 217. Please note that DHS is restricted from using this information through September 31, 2023.

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I Understand that this information will become the property of the ORR and may be reviewed by its employees, grantees, contractors, and delegates. I also understand that the ORR may share this information with the employees and contractors of other Federal agencies.

I Understand that ORR will offer me a fingerprint appointment within seven (7) business days of receipt of a signed copy of this document and a valid form of identification, unless circumstances beyond ORR's control prevent ORR from offering an appointment within that timeframe. I further understand that ORR will make reasonable efforts to process my fingerprints within ten (10) business days of receipt of a set of legible prints, unless circumstances beyond ORR's control prevent fingerprints from being processed within that timeframe.

I Herely Relinquish any claim or right under the laws of the United States against the federal government, its employees, grantees, contractors, or delegates, for the legally authorized use of any information gathered during a search of my criminal history, child welfare information, any information contained in my sponsorship application and supporting documentation, and any information gathered from any verbal or written sources regarding this sponsorship application. I hereby relinquish any claim or previous agreement with any federal, state, local, or private agency that would bar the ORR or the agency's official delegate from obtaining the requested information.

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[Please review your Section 1 Background information before submitting.](#)

I, Raul Miguel Castillo, agree to the Authorization Agreement. I declare and affirm under penalty of perjury that the information contained in this authorization is true and accurate to the best of my knowledge.

Your signature
Please type your name below to indicate your electronic signature.

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[Submit](#)

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Existing Section 1: Authorization becomes Section 2