Authorization for Release of Information

Carefully read this authorization and the accompanying Privacy Notice, then sign and date it.

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. 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 use, 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 Office of Refugee Resettlement.

I Understand that my biometric and biographical information, including my fingerprints and my photograph, 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 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, and other delegated personnel, for the purposes stated above, and may be disclosed by the U.S. Government only as authorized by law.

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, if applicable, 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

information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Please see the accompanying privacy notice / Privacy Act statement for a discussion of (1) the authority for solicitation of information, and whether disclosure is mandatory or voluntary, (2) the principal purposes for which the information is intended to be used, (3) other routine uses which may be made of the information, and (4) the effects, if any, of not providing all or any part of the requested information. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.

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 Hereby 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.

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. I understand that knowingly and willfully falsifying, concealing, or covering up a material fact, or making any materially false, fictitious, or fraudulent statement or representation, or making or using any false writing or document knowing it contains any materially false, fictitious, or fraudulent statement or entry, is a violation of 18 U.S.C. § 1001 and may subject me to fines, imprisonment, or both. ORR may report fraudulent information to Federal law enforcement. (Sign, date, and print your name)

YOUR SIGNATURE	**DATE**

YOUR FULL NAME (PRINT CLEARLY)

STAFF USE ONLY	
UAC NAME(S)	
UAC A#(S)	

Need Help? Contact your Federal Field

CARE PROVIDER	
DIGITAL SITE LOCATION (IF ANY)	

About the child (children)

1) About the child(ren)

List the name, country of origin, and date of birth for each child you (or the potential sponsor) are applying to sponsor.

Child's First Name	Child's Last name	Child's Date of Birth month/day/year (e.g., 12/31/1979)	Child's UAC Portal ID	Child's Country of Origin

About you, the Sponsor

2) Your name

First name

Last name

3) Your date of birth

month/day/year (e.g., 12/31/1979)

4) Your contact information

Mobile phone number

Secondary phone number (optional)

Email address (optional)

5) Your country of citizenship

County 1

Country 2

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Country 3

6) Either your Social Security Number (SSN) orYour Tax Identification Number (ITIN) (if applicable) SSN ITIN

7) Your UAC Portal ID

8) Your previously used name(s)

List other names you have used, such as your name before you were married or maternal last names and when you stopped using them. If no other names, leave blank.

Your Previous Name/Also Known As	**Are you still using this name?**	**When you stopped using this name (if applicable)** month/year (e.g., 12/2010)
	○ Yes ○ No	
	○ Yes ○ No	
	○ Yes ○ No	

7) Your place of birth

Please copy from your birth certificate

City

Country

Your addresses

If you do not know your street address, enter "unable to recall address". You must still provide the City, State, or Country and the dates.

8) Your current address

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Do you have a fixed home or physical address? ○ Yes ○ No

If yes, enter your address.

Street Address
(+ apartment number, if applicable)

City/Locality State/Providence Postal code

Country

If no, tell us more about your situation. Are you moving from house to house? Do you not have a place to stay?

Address start date

Month Year

9) Your past addresses

Where have you lived? Include all addresses where you lived from age 18 to today. Please include addresses from your home country.

- Do your best to provide as much accurate information as possible. Do not leave gaps in your past address timeline.
- If you do not know your street address, enter "Unable to Recall Address". You must still provide the City, State, or Country and the dates.
- If you did not have a fixed address at any time, enter "No Fixed Address." You must still provide the country and dates. Explain your situation in the textbox below.

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Street address (+ apartment number, if applicable)	**City/Locality, State/Province**	**Postal code**	**Country**	**From date** (month/ year)	**To date** (month/ year)
(EXAMPLE) 2539 Lowndes Hill Park Road	*San Antonio, TX*	*78201*	*USA*	*12/2014*	*11/2015*
					Current

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Tell us more about your no home situation. Were you moving from house to house? Did you not have a place to stay?

STAFF USE ONLY - The Federal Field Specialist must complete this section if they assisted the sponsor applicant with entering information into this form.

I attest under penalty of perjury that to the best of my knowledge:

- Any information I entered into this form on behalf of the sponsor applicant is an accurate and complete representation of information provided to me by the sponsor applicant; and

Federal Field Specialist

Federal Field Specialist **Dat**

Need Help? Contact your Federal Field