

## **Verification Request**

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

## USCIS Form G-845

OMB No. 1615-0101 Expires: 05/31/2018

## ► START HERE - Type or print in black ink. 3. Case Verification Number Part 1. Information From the Registered Agency NOTE: Only the Registered Agency should complete this information. Date of Birth (mm/dd/yyyy) 4. To: U.S. Citizenship and Immigration Services (USCIS) 5. Social Security Number **Attn: USCIS SAVE Program Status Verification Office** Student and Exchange Visitor Information System 6. (SEVIS) Number 7. Citizenship or Nationality Stamp, type, or print the name, address, and ZIP Code of the **Documents Attached** (Select all that apply) Registered Agency. (Print clearly since USCIS may use agency address below with a No. 10 window envelope.) Photocopy of most recently issued immigration document attached. Ensure copies are legible and From: made from an original document. If the immigration document is printed on both sides, attach a copy of the front and back. **8.b.** Other Information Attached (Specify Documents) **Benefits Sought** Applicant Information **9.a.** Background Check **Immigration Document Number** Driver's License/ID **1.a.** Alien Registration Number (A-Number) Education Grant/Loan/Work Study **9.d.** Employment Authorization **1.b.** Form I-94 Number (Arrival-Departure Record) 9.e. Food Stamps 9.f. Housing Assistance Other Immigration Number 9.g. Medicaid/Medical Assistance Social Security Number 1.d. Name or Form Number of Document Containing the Other Immigration Number 9.i. SSI or RSDI 9.j. TANF 9.k. **Unemployment Insurance** Applicant's Full Name as Shown on the Immigration **Document 9.1.** Other (Specify) 2.a. Last Name **2.b.** First Name

**2.c.** Middle Name

|  | rst Name Case Verification Number  |
|--|--|
| Part 1. Information From the Registered Agenc            | Part 2. USCIS Responses  |
| (continued)  | NOTE: Only USCIS should complete this information.   |
| Registered Agency Information                            | Upon review of these documents, information submitted, and our records, we find the following for the applicant:       |
| Registered Agency Case Number                            | 1. Lawful Permanent Resident of the United States  |
|  | 2. Conditional Permanent Resident of the United  |
| Tull Name of Agency Official                             | States   |
| 1.a. Last Name   | 3. Applicant is <b>employment authorized</b> in the United States as indicated:  |
| 1.b. First Name  | No Expiration Date (Indefinite)  |
| 2. Title of Agency Official                              | Expiration Date  |
|  | (mm/dd/yyyy)   |
| <b>3.a.</b> Daytime Telephone Number (Include Area Code) | Previous Employment Authorization Dates  |
|  | Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy)  |
| <b>3.b.</b> Extension Number (if applicable)             |  |
|  |  |
| 4. Fax Number (if any) (Include Area Code)               |  |
| 5. Date Request Completed                                | 4. Applicant is <b>not employment authorized</b> in the United States  |
| (mm/dd/yyyy)   | 5. Applicant has an application pending for the following USCIS benefit:   |
| 6. Registered Agency Comments (if any)                   |  |
|  | 6. Applicant was granted asylum or refugee status in the United States   |
|  | 7. Applicant was <b>paroled</b> into the United States under section 212 of the Immigration and Nationality Act (INA). |
|  | No Expiration Date (Indefinite)  |
|  | Parole Granted Date  |
|  | (mm/dd/yyyy)   |
|  | Parole Expiration Date   |
|  | (mm/dd/yyyy)   |
|  | 8. Conditional entrant of the United States  |
|  | 9. Nonimmigrant (Specify type or class and expiration date)  |
|  | Type or Class  |
|  | <u> </u>   |
|  | Expiration Date (mm/dd/yyyy)   |
|  | 10. U.S. Citizen   |

| Applicant's Last Name |       | ast Name  | Applicant's First Name   |                             | Case Verification Number |  |
|-----------------------|-------|---|--|-----------------------------|--------------------------|--|
|                       |       |   |  |                             |                          |  |
|                       |       |   |  |                             |                          |  |
| Pai                   | rt 2. | US  | SCIS Responses (continu  | ed)                         | 3.                       | No determination can be made without seeing both sides of the applicant's immigration document.              |
| 11.                   |       | Cul   | <b>ban/Haitian entrant</b> of the U  | nited States                |                          | Attach copies (front and back) of the applicant's most   |
| 12.                   |       | American Indian born in Canada provisions of INA 289 apply.             |  |                             |                          | recently issued immigration document and submit a new request.   |
|                       |       | Dat   | e Status Recognized (mm/dd/yyyy)   |                             | 4.                       | Copy provided of applicant's immigration document is illegible. Submit a new request with legible documents. |
| 13.                   |       | <b>Mexican Born Member</b> of the Te<br>Band of <b>Kickapoo Indians</b> |  | exas or Oklahoma            | 5.                       | Unable to verify status based on the document provided. If this is the applicant's most recently             |
|                       |       | a.  | I-872 Issuance Date:   |                             |                          | issued immigration document, refer the applicant to the document issuing authority.                          |
|                       |       |   | (mm/dd/yyyy)   |                             | 6.                       | Other  |
|                       |       |   | COA (KIC or KIP)   |                             |                          |  |
|                       |       | b.  | Other foreign born Ame   | rican Indian Date           |                          |  |
|                       |       | ~•  | of Entry:  |                             |                          |  |
|                       |       |   | (mm/dd/yyyy)   |                             |                          |  |
|                       |       |   | COA  |                             |                          |  |
|                       |       |   |  |                             |                          |  |
| 14.                   |       | Def   | ferred Action for Childhood  | Arrivals (DACA)             |                          |  |
| 15.                   |       | Ter   | nporary Protected Status (T  | PS)                         |                          |  |
| 16.                   |       | Def   | ferred Action Status   |                             |                          |  |
| 17.                   |       | VA  | WA Self-Petitioner   |                             |                          |  |
|                       |       | a.  | Pending prima facie VA   | WA self-petition            |                          |  |
|                       |       | b.  | Approved VAWA self-p   | etition                     |                          |  |
| 18.                   |       | Wi  | thholding of Removal   |                             |                          |  |
| 19.                   |       | US  | CIS is searching indices for fu  | rther information           |                          |  |
| 20.                   |       |   | s document is <b>not valid</b> becaulect all that apply)   | se it appears to be:        |                          |  |
|                       |       | a.  | Expired  |                             |                          |  |
|                       |       | b.  | Altered  |                             |                          | USCIS Stamp  |
|                       |       | c.  | Counterfeit  |                             |                          |  |
| D.                    | 4.2   | TIC   | acte c   |                             |                          |  |
|                       |       |   | SCIS Comments  |                             |                          |  |
| NO.                   | ГЕ: ( | Only  | USCIS should complete thi  | s information.              |                          |  |
| 1.                    |       | of c  | able to process request withou<br>disclosure statement signed by<br>submit request.  |                             |                          |  |
| 2.                    |       | info<br>app   | determination can be made be<br>ormation was submitted. Obta<br>dicant's most recently issued in<br>nument. Submit a new request | in a copy of the nmigration |                          |  |

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