

Verification Request

Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS Form G-845

OMB No. 1615-0101 Expires 08/31/2028

► START HERE - Type or print in black ink.

Part	t 1. Information From the Registered Agency
NOT	E: Only the Registered Agency should complete this information.
To: U	J.S. Citizenship and Immigration Services (USCIS)
Attn:	USCIS SAVE Program Status Verification Office
	p, type, or print the name, address, and ZIP Code of the Registered Agency. (Print clearly since USCIS may use agency ess below with a No. 10 window envelope.)
From	- · ·
FIOID	1.
App	licant Information
Immi	igration Document Number
1.	Alien Registration Number (A-Number) 2. Form I-94 Number (Arrival-Departure Record)
	A- >
3.	Other Immigration Number 4. Name or Form Number of Document Containing the Other Immigration
	Number
Appli	icant's Full Name as Shown on the Immigration Document
5.	Last Name First Name Middle Name
6.	Case Verification Number
7.	Date of Birth (mm/dd/yyyy) 8. Social Security Number
9.	Student and Exchange Visitor Information System (SEVIS) Number
10.	Citizenship or Nationality

Applicant's Last Name		Applicant's First Name			Case Verification Number				
Part	t 1. Information From the Reg	istered Agency (conti	nued)						
	ments Attached (Select all that apply)								
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11.a.	document. If the immigration doc	ument is printed on both si						i original	ı
11.b.	Other Information Attached (Spec	cify Documents)							
Rono	fits Sought								
12.a.		12.b. Driver's License.	/ID	12.c.	Educatio	on Grant/L	oan/Work S	Study	
12.d.		12.e. Food Stamps		12.f.		Assistance		nuay	
12.g.		12.h. Social Security N	Numbe		SSI or R		C		
12.j.		12.k. Unemployment			551 01 10	.5.01			
12.l.	Other (Specify)								
	(april)								
_									
Reg	istered Agency Information								
13.	Registered Agency Case Number		l						
	Name of Agency Official								
14.	Last Name		First	Name					
15.	Title of Agency Official								
17			161	T	1 /: 6		`		
16.a.	Daytime Telephone Number (Include	Area Code)	16.D.	Extension Nu	ımber (11	applicable)		
17.	Eav Number (if any) (Include Area Co	oda)							
17.	Fax Number (if any) (Include Area Co	ode)							
18.	Date Request Completed (mm/dd/yyy	W)							
10.	Date Request Completed (mm/dd/yyy	y)							
19.	Registered Agency Reason for Reques	— sting Additional Verificatio	on (rea	uired)					
•	Expected a different immi		(1						
		B							
	Date information is neede	d:							
	EAD Date								
	Grant Date								
	Date admitted	Го							

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Applicant's Last Name			Applicant's First N	ame	Case Verification Number					
Par	t 1.	Information From the Reg	istered Agency (continued)						
		Other:								
Par	t 2.	USCIS Responses								
NOT	E: (Only USCIS should complete this	information.							
Upoi	n revi	iew of these documents, information	on submitted, and our	records, we find the follo	wing for the applicant:					
1.		Lawful Permanent Resident of	the United States							
2.		Conditional Permanent Resident of the United States								
3.		Applicant is employment author	ized in the United St	ates as indicated:						
		☐ No Expiration Date (Indefinit	e)							
		Expiration Date (mm/dd/yyy	<u>y)</u>							
		Previous Employment Author	rization Dates							
		Start Date (mm/dd/yyyy)	End Date (m	m/dd/yyyy)						
4		A 1: 4 : 4 1 4	the mined in the III.	d Chaha						
 4. 5. 		Applicant is not employment au Applicant has an application pen								
٥.	Ш	Applicant has an application pen	ding for the following	ig OSCIS benefit.						
6.		Applicant was granted asylum o	r refugee status in th	e United States						
7.		Applicant was paroled into the U	_		on and Nationality Act (INA).					
		No Expiration Date (Indefinit		nted Date (mm/dd/yyyy)	Parole Expiration Date (mm/dd/yyyy)					
8.		Conditional entrant of the Unite	ed States							
9.		Nonimmigrant (Specify type or class and expiration date)								
		Type or Class		Expiration Date (mm/dd/	уууу)					
10.		U.S. Citizen								
11.		Cuban/Haitian entrant of the Un	nited States							
12.		American Indian born in Canada	to whom the provisi	ons of INA 289 apply.						
		Date Status Recognized (mm/dd/y	уууу)							

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Applicant's Last Name			Applicant's First Nan	ne	Case Verification Number				
Pa	rt 2.	USCIS Responses (continue	ed)						
13.		Mexican Born Member of the T	exas or Oklahoma Band	d of Kickapoo Indians					
		I-872 Issuance Date: (mm/dd/	(yyyy)	COA (KIC or KIP)					
		Other foreign born American	Indian Date of Entry:	COA					
		(mm/dd/yyyy)							
14.		Deferred Action for Childhood	Arrivals (DACA)						
15.		Temporary Protected Status (TPS)							
16.		Deferred Action Status							
17.		VAWA Self-Petitioner							
		Pending prima facie VAWA	self-petition Ap	proved VAWA self-pet	ition				
18.		Withholding of Removal							
19.		USCIS is searching indices for fu	rther information						
20.		This document is not valid becau	se it appears to be: (Sel	ect all that apply)					
		Expired Altered	Counterfeit						
Pa	rt 3.	USCIS Comments							
NO'	ГЕ: (Only USCIS should complete this	s information.						
1.		Unable to process request without	t an original consent of	disclosure statement sig	ned by the applicant. I	Resubmit re	equest.		
2.		No determination can be made because insufficient information was submitted. Obtain a copy of the applicant's most recently issued immigration document. Submit a new request.							
3.		No determination can be made without seeing both sides of the applicant's immigration document. Attach copies (front and back) of the applicant's most recently issued immigration document and submit a new request.							
4.		Copy provided of applicant's imm	nigration document is ill	legible. Submit a new re	equest with legible docu	iments.			
5.		Unable to verify status based on t document, refer the applicant to the			most recently issued in	nmigration			
6.		Other							
			USCIS	Stamp					
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