

Section A. To Be Completed by the Submitting Agency

To: U.S. Citizenship and Immigration Services (USCIS)

6. Verification Number

From: Typed or Stamped Name and Address of Submitting Agency

Attn: Immigration Status Verification Unit

(USCIS may use above address with a No. 10 window envelope)

1. Alien Registration Number or Form I-94 Number

2. Applicant's Name (Last, First, Middle)

3. Nationality

4. Date of Birth (mm/dd/yyyy)

5. U.S. Social Security Number

7. Photocopy of Document Attached

(If printed on both sides, attach a copy of the **front and back.**)

Other Information Attached (*Specify documents.*) _____

8. (Benefit)	(Your Case Number)
<input type="checkbox"/> TANF	
<input type="checkbox"/> Education Grant/Loans/Workstudy	
<input type="checkbox"/> Food Stamps	
<input type="checkbox"/> Housing Assistance	
<input type="checkbox"/> Medicaid/Medical Assistance	
<input type="checkbox"/> Unemployment Insurance	
<input type="checkbox"/> Employment Authorization	
<input type="checkbox"/> Other (<i>specify</i>)	

9. Name of Submitting Official

10. Title of Submitting Official

11. Date (mm/dd/yyyy)

12. Telephone Number ()

Section B. To Be Completed by USCIS

USCIS RESPONSES: From the documents or information submitted and/or a review of our records, we find that:

1. This document appears valid and relates to a **Lawful Permanent Resident alien** of the United States.

8. This document appears valid and relates to an alien who is a **conditional entrant.**

2. This document appears valid and relates to a **Conditional Resident alien** of the United States.

9. This document appears valid and relates to an alien who is a **nonimmigrant.**

3. This document appears valid and relates to an alien **authorized employment** as indicated below:

(Specify type or class below)

a. Full-Time

b. Part-Time

c. No Expiration (Indefinite)

d. Expires on (Specify mm/dd/yyyy below):

10. This document appears valid and relates to an alien **not authorized employment** in the United States.

11. Continue to process as legal alien. USCIS is searching indices for further information.

12. This document is not valid because it appears to be:
(Check all that apply)

a. Expired

b. Altered

c. Counterfeit

4. This document appears valid and relates to an alien who has an **application pending** for:
(Specify USCIS benefit below)

5. This document relates to an alien having been **granted asylum/refugee status** in the United States.

6. This document appears valid and relates to an alien **paroled** into the United States pursuant to Section 212 of the I&N Act.

7. This document appears valid and relates to an alien who is a **Cuban/Haitian entrant.**

USCIS Stamp



Comments

- 13. No determination can be made from the information submitted. Please obtain a copy of the original alien registration documentation and resubmit.
- 14. No determination can be made without seeing both sides of the document submitted. (Please resubmit request.)
- 15. Copy of document is not readable. (Please resubmit request.)

Permanently Residing Under Color of Law "PRUCOL"

PRUCOL requests can only be submitted by the Social Security Administration for Supplemental Security Income cases that pre-date August 22, 1996.

- 16. USCIS is actively pursuing the removal of an alien in this class/category.
- 17. USCIS is not actively pursuing the removal of an alien in this class/category at this time.
- 18. Other.

Instructions

1. **Submit copies (*front and back*) of alien's original documentation.**
2. **Make certain a *complete return address* has been entered in the "From" portion of the form.**
3. The Alien Registration Number (A-number) is the letter "A" followed by a series of seven, eight, or nine digits. The number found on Form I-94 may also be recorded in the block. (Check the front and back of the Form I-94 document. If the A-number appears, record that number when requesting information, instead of the longer admission number, because the A-number refers to the most integral record available.)
4. If Form G-845 is submitted without copies of the applicant's original documentation, it will be returned to the submitting agency without any action taken.
5. Address this verification request to the U.S. Citizenship and Immigration Services verification office assigned to you by the SAVE Program Office. For further information, please visit www.uscis.gov.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 5 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0101. **Do not mail your application to this address.**