

Verification Request

Department of Homeland SecurityU.S. Citizenship and Immigration Services

USCIS Form G-845

OMB No. 1615-0101 Expires 04/30/2024

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 Background Check **Immigration Document Number** 9.b. Driver's License/ID 1.a. Alien Registration Number (A-Number) Education Grant/Loan/Work Study A- ▶ Employment Authorization 9.d. 1.b. Form I-94 Number (Arrival-Departure Record) Food Stamps 9.e. Housing Assistance 9.f. Other Immigration Number Medicaid/Medical Assistance 9.g. Social Security Number 9.h. 1.d. Name or Form Number of Document Containing the SSI or RSDI 9.i. Other Immigration Number TANF Unemployment Insurance 9.k. Applicant's Full Name as Shown on the Immigration Other (Specify) 9.1. Document 2.a. Last Name 2.b. First Name Middle Name

Applicant's Last Name	Applicant's First Nam	ne		Case Verification Number
Part 1. Information From the Registered Agency (continued)				USCIS Responses Only USCIS should complete this information.
Registered Agency 10. Registered Agency Full Name of Agency O 11.a. Last Name 11.b. First Name 12. Title of Agency O 13.a. Daytime Telephon	Case Number	Upor	revie	iew of these documents, information submitted, and ds, we find the following for the applicant: Lawful Permanent Resident of the United States Conditional Permanent Resident of the United States Applicant is employment authorized in the United States as indicated: No Expiration Date (Indefinite) Expiration Date (mm/dd/yyyy) Previous Employment Authorization Dates Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy
13.b. Extension Number 14. Fax Number (if an	y) (Include Area Code)			
15. Date Request Com		4. 5.		Applicant is not employment authorized in the United States Applicant has an application pending for the following USCIS benefit:
		6.7.8.9.		Applicant was granted asylum or refugee status in the United States Applicant was paroled 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) Conditional entrant of the United States Nonimmigrant (Specify type or class and expiration date) Type or Class Expiration Date (mm/dd/yyyy)
		10.		U.S. Citizen

Applicant's Last Name A		t's Last Name	Applicant's First Name		Case Verification Number
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Pai	t 2.	USCIS Responses (continu	ied) 3.		No determination can be made without seeing both sides of the applicant's immigration document.
11.		Cuban/Haitian entrant of the United States			Attach copies (front and back) of the applicant's most recently issued immigration document and submit a
12.	Ш	American Indian born in Canad provisions of INA 289 apply.			new request.
		Date Status Recognized (mm/dd/yyyy)	4.	Ц	Copy provided of applicant's immigration document is illegible. Submit a new request with legible documents.
13.		Mexican Born Member of the Tand of Kickapoo Indians	Texas or Oklahoma 5.		Unable to verify status based on the document provided. If this is the applicant's most recently issued immigration document, refer the applicant to
		a. I-872 Issuance Date: (mm/dd/yyyy)	6.		the document issuing authority. Other
		COA (KIC or KIP)			
		b. Other foreign born Ame	erican Indian Date		
		of Entry: (mm/dd/yyyy)			
		COA			
				-	
14.		Deferred Action for Childhood	Arrivals (DACA)		
15.		Temporary Protected Status (T	` '	_	
16.		Deferred Action Status			
17.		VAWA Self-Petitioner			
		a. Pending prima facie VA	WA self-petition		
		b. Approved VAWA self-	petition		
18.		Withholding of Removal			
19.		USCIS is searching indices for fi	urther information		
20.		This document is not valid becan (Select all that apply)	use it appears to be:		
		a. Expired	L		
		b. Altered			USCIS Stamp
		c. Counterfeit			
Pai	rt 3.	USCIS Comments			
NO	TE:	Only USCIS should complete th	is information.		
1.		Unable to process request without of disclosure statement signed by Resubmit request.	-		
2.		No determination can be made be information was submitted. Obtain applicant's most recently issued in document. Submit a new requestion	ain a copy of the immigration		