

► START HERE - Type or print in black ink.

Verification Request

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form G-845

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

3. Case Verification Number Part 1. Information From the Registered Agency NOTE: Only the Registered Agency should complete this information. 4. Date of Birth (mm/dd/yyyy) 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.) **8.a.** 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

Applicant Information

Immigration Document Number

Other Immigration Number

1.a.	Alien Registration Number (A-Number)		
	A- ▶		
1.b.	Form I-94 Number (Arrival-Departure Record)		
	>		
1.c.	Other Immigration Number		

Applicant's Full Name as Shown on the Immigration Document

1.d. Name or Form Number of Document Containing the

2.a.	Last Name	
2.b.	First Name	

Benefits Sought

9.a. Background Check

9.b.	Driver's License/ID
9.c.	☐ Education Grant/Loan/Work Study
9.d.	Employment Authorization
9.e.	Food Stamps
9.f.	Housing Assistance
9.g.	Medicaid/Medical Assistance
9.h.	Social Security Number
9.i.	SSI or RSDI
9.j.	☐ TANF
9.k.	Unemployment Insurance
9.l.	Other (Specify)

the front and back.

8.b. Other Information Attached (Specify Documents)

2.c. Middle Name

Applicant's I	Last Name	Applicant's First Name)		Case Verification Number
(continued	nformation From the Regi	istered Agency	Pa	rt 2.	USCIS Responses
`	,				Only USCIS should complete this information.
	Agency Information		-		iew of these documents, information submitted, and ds, we find the following for the applicant:
10. Registe	ered Agency Case Number		1.		Lawful Permanent Resident of the United States
			2.		Conditional Permanent Resident of the United
Full Name of	f Agency Official		3.		States Applicant is employment authorized in the United
11.a. Last N	ame				States as indicated:
11.b. First N	ame				No Expiration Date (Indefinite)
12. Title o	f Agency Official				Expiration Date
					(mm/dd/yyyy)
13.a. Daytin	ne Telephone Number (Include A	Area Code)			Previous Employment Authorization Dates
					Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy)
13.b. Extens	ion Number (if applicable)				
14. Fax Nu	umber (if any) (Include Area Coo	le)			
15. Date R	equest Completed		4.		Applicant is not employment authorized in the United States
Te. Bute I	(mm/dd/yyyy)		5.		Applicant has an application pending for the
16. Registe	ered Agency Comments (if any)				following USCIS benefit:
			6.		Applicant was granted asylum or refugee status in the United States
			7.		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)
			8.		Conditional entrant of the United States
			9.		Nonimmigrant (Specify type or class and expiration
				ا ا	date)
					Type or Class
					Expiration Date (mm/dd/yyyy)
			10.		U.S. Citizen

App	licant's Last Name	Applicant's First Name	Case Verification Number
Pai	rt 2. USCIS Responses (continue	ed) 3.	No determination can be made without seeing both sides of the applicant's immigration document.
11.	Cuban/Haitian entrant of the Ur	nited States	Attach copies (front and back) of the applicant's most
12.	American Indian born in Canada provisions of INA 289 apply.	to whom the	recently issued immigration document and submit a new request.
	Date Status Recognized (mm/dd/yyyy)	4.	Copy provided of applicant's immigration document is illegible. Submit a new request with legible documents.
13.	Mexican Born Member of the Te Band of Kickapoo Indians	exas or Oklahoma 5.	provided. If this is the applicant's most recently
	a. I-872 Issuance Date: (mm/dd/yyyy)		issued immigration document, refer the applicant to the document issuing authority.
	COA (KIC or KIP)	6.	Other
	b. Other foreign born Amer of Entry:	ican Indian Date	
	(mm/dd/yyyy)		
	COA		
14.	Deferred Action for Childhood	Arrivals (DACA)	
15.	☐ Temporary Protected Status (TI	PS)	
16.	☐ Deferred Action Status		
17.	■ VAWA Self-Petitioner		
	a. Pending prima facie VAV	WA self-petition	
	b. Approved VAWA self-po	etition	
18.	■ Withholding of Removal		
19.	USCIS is searching indices for fur	ther information	
20.	This document is not valid because (Select all that apply)	se it appears to be:	
	a. Expired		
	b. Altered		USCIS Stamp
	c. Counterfeit		
Par	rt 3. USCIS Comments		
NO'	TE: Only USCIS should complete this	s information.	
1.	Unable to process request without of disclosure statement signed by Resubmit request.	an original consent	
2.	No determination can be made been information was submitted. Obtain applicant's most recently issued in document. Submit a new request.	n a copy of the	

Form G-845 Edition 04/08/21 Page 3 of 3