



**Interagency Record of Request -  
A, G, or NATO Dependent Employment Authorization or  
Change/Adjustment To/From A, G, or NATO Status**

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

**USCIS  
Form I-566**  
OMB No. 1615-0027  
Expires 05/31/2018

<b>To be completed by an attorney or accredited representative (if any).</b>	<input type="checkbox"/> <b>Select this box if Form G-28 is attached.</b>	<b>Attorney State Bar Number (if applicable)</b> <input style="width:100%;" type="text"/>	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input style="width:100%; height: 20px;" type="text"/>
--	---	--	---

▶ **START HERE - Type or print in black ink.**

**Part 1. Information About You** (The person seeking employment authorization or change/adjustment of status.)

**Full Name**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

**Physical Address**

2.a. Street Number and Name

2.b.  Apt.  Ste.  Flr.

2.c. City or Town

2.d. State  2.e. ZIP Code

**Mailing Address**

3.a. In Care Of Name

3.b. Street Number and Name

3.c.  Apt.  Ste.  Flr.

3.d. City or Town

3.e. State  3.f. ZIP Code

**Other Information**

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

5. Country of Birth

6. Country of Citizenship or Nationality

7. Gender  Male  Female

8. Marital Status  
 Single  Married  Divorced  
 Widowed  Legally Separated  
 Marriage Annulled  Other

9. Alien Registration Number (A-Number) (if any)  
▶ **A-**

10. U.S. Social Security Number (if any)  
▶

11. DOS Personal Identification Number (PID)

12. USCIS Online Account Number (if any)  
▶

13. Form I-94 Arrival-Departure Record Number  
▶

14. Passport or Travel Document Number

15. Country of Issuance for Passport or Travel Document

16. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

17. Date of Last Entry into United States (mm/dd/yyyy)

18. Current Immigration Status

19. Relationship to Principal (if applicable)

## Part 2. Information About Principal Alien

### Full Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

### Physical Address

- 2.a. Street Number and Name
- 2.b.  Apt.  Ste.  Flr.
- 2.c. City or Town
- 2.d. State  2.e. ZIP Code

### Other Information

3. Date Tour of Duty Expected to End (mm/dd/yyyy)
4. Country of Citizenship or Nationality
5. Marital Status  
 Single  Married  Divorced  
 Widowed  Legally Separated  
 Marriage Annulled  Other
6. Job Title
7. DOS Personal Identification Number (PID)
8. USCIS Online Account Number (if any)  
▶
9. Form I-94 Arrival-Departure Record Number  
▶
10. Passport or Travel Document Number
11. Country of Issuance for Passport or Travel Document
12. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

## Part 3. Type of Request

1.  I am requesting employment authorization as (Select one):
- 1.a.  Spouse
- 1.b.  Son or daughter, age , who is:  
 A full-time, post-secondary student  
 Disabled
- 1.c.  Other dependent recognized by the DOS
2.  I am requesting change/adjustment of status (Select one):
- 2.a.  Change of nonimmigrant status to A, G, or NATO nonimmigrant - specifically to
- 2.b.  Section 247(a), immigrant to A or G nonimmigrant.
- 2.c.  Change to other nonimmigrant status from A, G, or NATO - specifically to
- 2.d.  Adjustment from A, G, or NATO nonimmigrant to immigrant.
- 2.e.  A-1, A-2, G-1, or G-2 nonimmigrant applying under Section 13 of the Act of September 11, 1957.

**NOTE:** This request is not required if you have changed from an A or G nonimmigrant to Asylum (protection) status.

## Part 4. Requestor's Statement, Contact Information, Certification, and Signature

Read the **Penalties** section of the Form I-566 Instructions before completing this part.

### Requestor's Statement

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a.  I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- 1.b.  The interpreter named in **Part 5.** read to me every question and instruction on this request, and my answer to every question in , a language in which I am fluent, and I understood everything.

**Part 4. Requestor's Statement, Contact Information, Certification, and Signature**  
(continued)

2.  At my request, the preparer named in **Part 6.**,  
,  
prepared this request for me based only upon  
information I provided or authorized.

**Requestor's Contact Information**

3. Requestor's Daytime Telephone Number
4. Requestor's Mobile Telephone Number (if any)
5. Requestor's Email Address (if any)

**Requestor's Certification**

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this request, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with my request, and that all of this information is complete, true, and correct.

**Requestor's Signature**

- 6.a. Requestor's Signature  
➔
- 6.b. Date of Signature (mm/dd/yyyy)

**NOTE TO ALL REQUESTORS:** If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

**Part 5. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

**Interpreter's Mailing Address**

- 3.a. Street Number and Name
- 3.b.  Apt.  Ste.  Flr.
- 3.c. City or Town
- 3.d. State  3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number
5. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty or perjury, that:

I am fluent in English and , which is the same language specified in **Part 4., Item Number 1.b.**, and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Requestor's Certification**, and has verified the accuracy of every answer.

**Part 5. Interpreter's Contact Information, Certification, and Signature** (continued)

**Interpreter's Signature**

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy)

**Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor**

Provide the following information about the preparer.

**Preparer's Full Name**

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number (if any)

6. Preparer's Email Address (if any)

**Preparer's Statement**

- 7.a.  I am not an attorney or accredited representative but have prepared this request on behalf of the authorized individual and with the authorized individual's consent.
- 7.b.  I am an attorney or accredited representative and have prepared this request on behalf of the authorized individual and with the authorized individual's consent.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Requestor's Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

**Preparer's Signature**

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

**Part 7. Additional Information**

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For Official Use Only*

**Part 8. Certification by Diplomatic Mission, International Organization, NATO/HQ SACT, or NATO Member State**

**NOTE:** Certifying officer or official must have this information and page to complete process.

1.  I certify that the information provided on the first page of this Form I-566 is true and correct to the best of my knowledge and according to our official records.
2.  I further certify that the requestor's eligibility for employment authorization was verified under the provisions of:
- 2.a.  A bilateral agreement with
- 2.b.  A *de facto* agreement with
- 2.c. Select all that apply
- Without a numerical limit
- Based on principal alien's G-4 status
- With a numerical limit and this requestor is within the limit
3.  I further certify that the requestor for status as a principal alien is being offered the position below and DOS was notified.

Position

DOS Notification Date (mm/dd/yyyy)

4.a. Certifying Officer or Official's Last Name

4.b. Certifying Officer or Official's First Name

5. Certifying Officer or Official's Duty/Title

6.a. Certifying Officer or Official's Signature

6.b. Date of Signature (mm/dd/yyyy)

7. Telephone Number (including area code)

8. Name of Diplomatic Mission, International Organization, NATO/HQ SACT, or NATO Member State

**Address of Diplomatic Mission, International Organization, NATO/HQ SACT, or NATO Member State**

9.a. In Care Of Name

9.b. Street Number and Name

9.c.  Apt.  Ste.  Flr.

9.d. City or Town

9.e. State

9.f. ZIP Code

9.g. Province

9.h. Postal Code

9.i. Country

**Official Seal**

**For Official Use Only**

**Part 9. DOS OFM, DOS Visa Office, NATO/HQ SACT, and/or USUN USE ONLY**

1. The Department of State, NATO/HQ SACT, and/or USUN

- Recommends the request be granted
- Recommends the request be denied

If the recommendation is for denial, provide the reasons for such a recommendation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Date of Decision (mm/dd/yyyy)

3. Telephone Number (including area code)

4. Office

DOS Protocol    USUN    DOS OFM

NATO/HQ SACT    DOS Visa

5. Signature 1

6. Signature 2

**Part 10. USCIS USE ONLY**

1. **From**

Adjudicator's ID Number

USCIS Office

Office Telephone Number (including area code)

A-Number/File Number

2. **To**    DOS Protocol    USUN    DOS OFM

NATO/HQ SACT

DOS Visa Office (Subject filed under Section 13. Advise USCIS of findings.)

3. **Adjustment or Change of Status**

Granted    Denied

Date of Decision (mm/dd/yyyy)

If change of status granted, print new status

4. **Request for Employment Authorization**

Granted    Denied

Date of Decision (mm/dd/yyyy)

Date Valid Until (mm/dd/yyyy)

Classification

5. **DOS OFM, USUN, NATO/HQ SACT, or DOS Visa Office**

Office Notified    Yes    No

Date of Notification (mm/dd/yyyy)