

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

USCIS Form I-566

OMB No. 1615-0027 Expires 05/31/2018

Department of Homeland Security

U.S. Citizenship and Immigration Services

representative (if any).		
► START HERE - Type or print in black ink.		
Part 1. Information About You (The person	6.	Country of Citizenship or Nationality
seeking employment authorization or change/		
adjustment of status.)	7.	Gender Male Female
Full Name	8.	Marital Status
1.a. Family Name		Single Married Divorced
(Last Name) 1.b. Given Name		☐ Widowed ☐ Legally Separated
(First Name)		Marriage Annulled Other
1.c. Middle Name	9.	Alien Registration Number (A-Number) (if a
Physical Address		► A-
	10.	U.S. Social Security Number (if any)
2.a. Street Number and Name		>
2.b.	11.	DOS Personal Identification Number (PID
2.c. City or Town	10	LIGOIG O. I'm America N. miles ('Com)
2.d. State 2.e. ZIP Code	12.	USCIS Online Account Number (if any)
210 221 code	13.	Form I-94 Arrival-Departure Record Num
Mailing Address	13.	Form 1-94 Arrival-Departure Record Number
3.a. In Care Of Name	14.	Passport or Travel Document Number
	14,	assport of Travel Bocument (vanioe)
3.b. Street Number and Name	15.	Country of Issuance for Passport or Trave
3.c. Apt. Ste. Flr.		
	16.	Expiration Date for Passport or Travel Do
3.d. City or Town		(mm/dd/yyyy)
3.f. ZIP Code	17.	Date of Last Entry into United States (mm
Other Information	10	
	18.	Current Immigration Status
Date of Birth (mm/dd/yyyy)	10	Policinalis to Principal (Control 1971)
5. Country of Birth	19.	Relationship to Principal (if applicable)

Alien Registra	ation Numbe	er (A-Nu	mber) (if an	y)		
	► A-	-					
U.S. Social S	Security Nu	mber (if	any)				
	•	•					
DOS Persona	al Identifica	tion Nu	mber (PID))		
USCIS Onlir	ne Account	Number	(if an	y)			
)	•						
Form I-94 A	rrival-Depa	rture Re	cord N	lumb	er		
	•						
Passport or T	ravel Docu	ment Nu	ımber				
1							
Country of Is	ssuance for	Passport	t or Tra	avel	Doc	cume	en
<u> </u>							
Expiration D	ate for Pass	sport or '	Fravel	Doc	ume	ent	
mm/dd/yyyy			Γ				_
Date of Last	Entry into !	United S	∟ tates (:	mm/	dd/v	/۷۷۷	— 7)
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Current Imm	igration Sta	ntus	L				
	25.411011 011						

Par	rt 2. Information About Principal Alien	Part 3.	Type of Request
Ful	ll Name	1.	I am requesting employment authorization as (Select one):
1.a.	Family Name (Last Name)	1.a.	Spouse
1.b.	Given Name (First Name)	1.b.	Son or daughter, age, who is:
1.c.	Middle Name		A full-time, post-secondary student
Phy	vsical Address		Disabled
2.a.	Street Number	1.c.	Other dependent recognized by the DOS
	and Name	2.	I am requesting change/adjustment of status
2.b.	Apt. Ste. Flr.	2.	(Select one):
2.c.	City or Town	2.a.	Change of nonimmigrant status to A, G, or NATO nonimmigrant - specifically to
2.d.	State 2.e. ZIP Code		
O+l	er Information	2.b.	Section 247(a), immigrant to A or G nonimmigrant.
3.	Date Tour of Duty Expected to End (mm/dd/yyyy)	2.c.	Change to other nonimmigrant status from A, G, or NATO - specifically to
4.	Country of Citizenship or Nationality	2.d.	Adjustment from A, G, or NATO nonimmigrant to immigrant.
5.	Marital Status Single Married Divorced	2.e.	A-1, A-2, G-1, or G-2 nonimmigrant applying under Section 13 of the Act of September 11, 1957.
	☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Legally Separated		This request is not required if you have changed from a nonimmigrant to Asylum (protection) status.
	Marriage Annulled Other		
6.	Job Title		Requestor's Statement, Contact ation, Certification, and Signature
7.	DOS Personal Identification Number (PID)		Penalties section of the Form I-566 Instructions mpleting this part.
8.	USCIS Online Account Number (if any)	Reques	tor's Statement
			Select the box for either Item Number 1.a. or 1.b. ble, select the box for Item Number 2.
9.	Form I-94 Arrival-Departure Record Number	1.a.	I can read and understand English, and I have read and understand every question and instruction on this
10.	Passport or Travel Document Number		request and my answer to every question.
11.	Country of Issuance for Passport or Travel Document	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
11.	Country of Issuance for Lassport of Travel Document		answer to every question in
12.	Expiration Date for Passport or Travel Document (mm/dd/yyyy)		a language in which I am fluent, and I understood everything.

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Info	4. Requestor's Statement, Contact rmation, Certification, and Signature tinued)
2.	At my request, the preparer named in Part 6. ,
	prepared this request for me based only upon information I provided or authorized.
Req	uestor's Contact Information
3.	Requestor's Daytime Telephone Number
4.	Requestor's Mobile Telephone Number (if any)
5.	Requestor's Email Address (if any)
Req	uestor's Certification
of unay indicated the second s	s of any documents I have submitted are exact photocopies ltered, original documents, and I understand that USCIS equire that I submit original documents to USCIS at a later Furthermore, I authorize the release of any information any of my records that USCIS may need to determine my lity for the immigration benefit I seek.
reque other	er authorize release of information contained in this st, in supporting documents, and in my USCIS records to entities and persons where necessary for the administration aforcement of U.S. immigration laws.
all of infori	fy, under penalty of perjury, that I provided or authorized the information in my request, I understand all of the nation contained in, and submitted with my request, and I of this information is complete, true, and correct.
Req	uestor'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.

Inte	erpreter'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)
Inte	erpreter'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
Inte	erpreter's Contact Information
4.	Interpreter's Daytime Telephone Number
5.	Interpreter's Email Address (if any)
Inte	erpreter's Certification
I cert	tify, under penalty or perjury, that:
is the and I quest every unde	fluent in English and, which e same language specified in Part 4. , Item Number 1.b. , I have read to this requestor in the identified language every tion and instruction on this request and his or her answer to y question. The requestor informed me that he or she restands every instruction, question, and answer on the est, including the Requestor's Certification , and has

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verified the accuracy of every answer.

Part 5. Interpreter's Contact Information,			Preparer's Contact Information				
Certification, and Signature (continued)			Preparer's Daytime Telephone Number				
Inte	erpreter's Signature						
6.a.	Interpreter's Signature	5.	Preparer's Fax Number (if any)				
6.b.	Date of Signature (mm/dd/yyyy)	6.	Preparer's Email Address (if any)				
	et 6. Contact Information, Declaration, and nature of the Person Preparing this Request,	Pre	parer's Statement				
	Other Than the Requestor	7.a.	I am not an attorney or accredited representative but				
Prov	ide the following information about the preparer.		have prepared this request on behalf of the authorized individual and with the authorized individual's consent.				
Pre	parer's Full Name	7.b.	I am an attorney or accredited representative and				
1.a.	Preparer's Family Name (Last Name)		have prepared this request on behalf of the authorized individual and with the authorized individual's consent.				
1.b.	Preparer's Given Name (First Name)	Pre	parer's Certification				
2.	Preparer's Business or Organization Name (if any)	prep requ	ny signature, I certify, under penalty of perjury, that I ared this request at the request of the requestor. The estor then reviewed this completed request and informed that he or she understands all of the information contained				
Pre	parer's Mailing Address	in, a	nd submitted with, his or her request, including the				
	Street Number and Name	com	plete, true, and correct. I completed this request based only aformation that the requestor provided to me or authorized				
3.b.	Apt. Ste. Flr.	me t	o obtain or use.				
3.c.	City or Town	Pre	parer's Signature				
3.d.	State 3.e. ZIP Code	8.a.	Preparer's Signature				
3.f.	Province	0.1					
3.g.	Postal Code	8.b.	Date of Signature (mm/dd/yyyy)				
3.h.	Country						

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Part 7. Additional Information		5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
If you need extra space to provide any additional within this request, use the space below. If you a space than what is provided, you may make copi to complete and file with this request or attach a of paper. Include your name and. A-Number (if of each sheet; indicate the Page Number , Part Mem Number to which your answer refers; and each sheet.	need more es of this page separate sheet any) at the top Number, and	5.d.					
1.a. Family Name (Last Name) 1.b. Given Name							
(First Name)							
1.c. Middle Name		6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
2. A-Number (if any) ► A-		6.d.					
3.a. Page Number 3.b. Part Number 3.c.	Item Number	v.u.					
3.d.							
		7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
		. .					
		7.d.					
4.a. Page Number 4.b. Part Number 4.c.	Item Number						
4.d.							

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8.

Name of Diplomatic Mission, International Organization,

NATO/HQ SACT, or NATO Member State

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

	NATO Member State					
	TE: Certifying officer or official must have this mation and page to complete process.			ess of Diploma D/HQ SACT, o		nternational Organization nber State
1. 2. 2.a. 2.b.	 ☐ 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. ☐ I further certify that the requestor's eligibility for employment authorization was verified under the provisions of: ☐ A bilateral agreement with ☐ A de facto agreement with 		9.a. [9.b.] 9.c. [9.d.]	Street Number and Name Apt. Stry S		
2.c.	Select all that apply		9.h.	Postal Code		
_,,,	Without a numerical limit		9.i.	Country		
	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	1			Official 6	Cool
			-		Official S	eai
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)					

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For Official Use Only

Part 10. USCIS USE ONLY

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

		1.	rrom					
1.	The Department of State, NATO/HQ SACT, and/or USUN		Adjudicator's ID Number					
	Recommends the request be granted							
	Recommends the request be denied		USCIS Office					
	If the recommendation is for denial, provide the reasons for such a recommendation.							
	reasons for such a recommendation.		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 Section13. 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					
•	D ((D :: ((11/))							
 3. 	Date of Decision (mm/dd/yyyy) Telephone Number (including area code)	5.	DOS OFM, USUN, NATO/HQ SACT, or DOS Visa Office					
			Office Notified Yes No					
4.	Office		Date of Notification (mm/dd/yyyy)					
	☐ DOS Protocol ☐ USUN ☐ DOS OFM		· · · · · · · · · · · · · · · · · · ·					
	☐ NATO/HQ SACT ☐ DOS Visa							
5.	Signature 1							
6.	Signature 2							

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