



Waiver of Certain Rights, Privileges, Exemptions, and Immunities

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

USCIS
Form I-508
OMB No. 1615-0025
Expires 04/30/2027

► **START HERE - Please type or print in black ink.**

Part 1. Information About the Person Filing This Waiver Form

| | | |
|--|--|---|
| 1. Family Name (Last Name) | Given Name (First Name) | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Alien Registration Number (A-Number) (if any) ► A- <input type="text"/> | 3. U.S. Social Security Number (if any) ► <input type="text"/> | 4. Date of Birth (mm/dd/yyyy) <input type="text"/> |
| 5. U.S. State Department-Issued Personal Identification Number (PID) <input type="text"/> | | |
| 6. Mailing Address | | |
| In Care Of Name <input type="text"/> | | |
| Street Number and Name <input type="text"/> | Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Number <input type="text"/> |
| City or Town <input type="text"/> | State <input type="text"/> | ZIP Code <input type="text"/> |
| Province <input type="text"/> | Postal Code <input type="text"/> | Country <input type="text"/> |
| 7. Is your current mailing address the same as your physical address? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If you answered "No," provide your physical address in Item Number 8. | | |
| 8. Physical Address | | |
| Street Number and Name <input type="text"/> | Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Number <input type="text"/> |
| City or Town <input type="text"/> | State <input type="text"/> | ZIP Code <input type="text"/> |
| Province <input type="text"/> | Postal Code <input type="text"/> | Country <input type="text"/> |
| 9. Employment Information | | |
| Name of Mission or Organization <input type="text"/> | | |
| Street Number and Name <input type="text"/> | Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Number <input type="text"/> |
| City or Town <input type="text"/> | State <input type="text"/> | ZIP Code <input type="text"/> |
| Province <input type="text"/> | Postal Code <input type="text"/> | Country <input type="text"/> |

Part 2. Waiver Statement

1. I, , believe that I have an occupational status entitling me to nonimmigrant status under Immigration and Nationality Act (INA) section 101(a)(15)(A), (E), or (G) as a government official, treaty trader or treaty investor, other position covered under the E classification, or international organization representative, respectively.

Accordingly, as I seek to acquire or retain lawful permanent resident status, I hereby waive and understand that I will no longer be eligible for any and all diplomatic rights, privileges, exemptions, and immunities that would otherwise be granted to me under any law or executive order because of my occupational status.

Part 3. Contact Information, Certification, and Signature of the Person Executing This Waiver Form

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

Person Executing This Waiver Form's Contact Information

1. Person Executing this Waiver Form's Daytime Telephone Number
2. Person Executing this Waiver Form's Mobile Telephone Number (if any)
3. Person Executing this Waiver Form's Email Address (if any)

Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my waiver form, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 4.**, understood, all of the responses and information contained in, and submitted with, my waiver form, and that all of the responses and the information is complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Person Executing This Waiver Form's Signature Date of Signature (mm/dd/yyyy)


Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name

Interpreter's Contact Information

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

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

I certify, under penalty of perjury, that I am fluent in English and ,
and I have interpreted every question on this waiver form and Instructions and interpreted the person executing this waiver form's
answers to the questions in that language, and the person executing this waiver form informed me that they understood every
instruction, question, and answer on the waiver form.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Waiver Form,
if Other Than the Person Executing this Waiver Form*****Preparer's Full Name***

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

4. Preparer's Mobile Telephone Number (if any)

5. Preparer's Email Address (if any)

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this waiver form for the person executing this waiver form at their request and with
express consent and that all of the responses and information contained in and submitted with the waiver form is complete, true, and
correct and reflects only information provided by the person executing this waiver form. The person executing this waiver form
reviewed the responses and information and informed me that they understand the responses and information in or submitted with the
waiver form.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 6. Additional Information

If you need extra space to provide any additional information within this waiver form, 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 waiver form 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 additional information refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ► A-

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3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.
