

# Form G-845, Document Verification Request

## Section A. To Be Completed by Registered Agency Only

**To: U.S. Citizenship and Immigration Services (USCIS)**

**Attn: USCIS SAVE Program Status Verification Office**

**From:** Type or Stamp Name and Address of Registered Agency

**Print clearly since USCIS may use above agency address with a No. 10 window envelope.**

**1. Immigration Document Number:**

Alien Registration Number (A-Number)

A-

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I-94 (Arrival-Departure Record) Number



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Other immigration number (if A-Number/I-94 Number not available):

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Identify document containing the other immigration number:

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**2. Applicant's name as shown on the immigration document (Last, First, Middle)**

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**3. Nationality**

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**4. Date of Birth (mm/dd/yyyy):** ▶

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**5. Social Security Number:**

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**6. Student and Exchange Visitor Information System (SEVIS)**

Number: ▶

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**7. Case Verification Number**

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**8. Registered Agency Case Number**

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**9. Check all that apply:**

- ☐ a. Photocopy of primary immigration document attached. **Ensure copies are legible.** If there is print on both sides of the immigration document, attach a copy of **front** and **back**.
- ☐ b. Other Information Attached (specify documents):

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**10. Benefit**

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|---|--|
| <input type="checkbox"/> TANF                                 | <input type="checkbox"/> Unemployment Insurance      |
| <input type="checkbox"/> Education Grant/<br>Loan/ Work Study | <input type="checkbox"/> Employment<br>Authorization |
| <input type="checkbox"/> Food Stamps                          | <input type="checkbox"/> Social Security Number      |
| <input type="checkbox"/> Housing Assistance                   | <input type="checkbox"/> SSI or RSDI                 |
| <input type="checkbox"/> Medicaid/Medical<br>Assistance       | <input type="checkbox"/> Driver's License/ID         |
| <input type="checkbox"/> Background Check                     |  |
| <input type="checkbox"/> Other (specify below)                |  |

**11. Name of Agency Official**

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**12. Title of Agency Official**

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**13. Telephone Number (include area code)**

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**14. Fax Number (include area code):**

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**15. Date (mm/dd/yyyy):** ▶

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**Section A. To Be Completed by Registered Agency Only** *(continued)*

**Registered Agency Comments**

**Section B. To Be Completed by USCIS**

**USCIS RESPONSES:** After review of the documents and/or information submitted, and/or of our records, we find that the document appears valid and relates to a/an:

☐ **1. Lawful Permanent Resident** alien of the United States.

☐ **2. Conditional Resident** alien of the United States.

☐ **3. Alien employment authorized** in the United States as indicated:

☐ **a.** No expiration (indefinite)

☐ **b.** Expires on (mm/dd/yyyy):

☐ **c.** Prior employment authorization date(s):

☐ **4. Alien not employment authorized** in the United States.

☐ **5. Alien has an application pending** for (specify USCIS benefit):

☐ **6. Alien granted asylum or refugee** status in the United States.

☐ **7. Alien paroled** into the United States under section 212 of the Immigration and Nationality Act (INA).

☐ **a.** No expiration (Indefinite)

☐ **b.** Parole granted on (mm/dd/yyyy):

☐ **c.** Parole expires on (mm/dd/yyyy):

☐ **8. Cuban/Haitian entrant** of the United States.

☐ **9. Conditional entrant** of the United States.

☐ **10. Nonimmigrant alien.**

(Specify type or class below):

☐ **11. American Indian born in Canada** to whom the provisions of section 289 of the INA apply. Date status recognized (mm/dd/yyyy):

☐ **12. U.S. Citizen.**

**OTHER USCIS RESPONSES:**

☐ **13. USCIS is searching indices** for further information.

☐ **14. This document is not valid** because it appears to be: (Check all that apply)

☐ **a.** Expired ☐ **b.** Altered ☐ **c.** Counterfeit

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**Section C. USCIS Comments**

- ☐ 1. Unable to process request without an original consent of disclosure statement signed by the applicant. Resubmit request.
- ☐ 2. No determination can be made from the information submitted. Obtain copy of the original alien registration document. Resubmit request.
- ☐ 3. No determination can be made without seeing both sides of the documents submitted. Resubmit request.
- ☐ 4. Cannot read document copy. Resubmit request.
- ☐ 5. Other:

**USCIS Stamp**