

# 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-

I-94 (Arrival-Departure Record) Number

▶

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

Identify document containing the other immigration number:

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

**3. Nationality**

**4. Date of Birth (mm/dd/yyyy):** ▶

**5. Social Security Number:**

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

Number: ▶

**7. Case Verification Number**

**8. Registered Agency Case Number**

**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):

**10. Benefit**

- |  |   |
|--|---|
| <input type="checkbox"/> TANF                              | <input type="checkbox"/> Unemployment Insurance   |
| <input type="checkbox"/> Education Grant/ Loan/ Work Study | <input type="checkbox"/> Employment 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 Assistance       | <input type="checkbox"/> Driver's License/ID      |
| <input type="checkbox"/> Background Check                  |   |
| <input type="checkbox"/> Other (specify below)             |   |

**11. Name of Agency Official**

**12. Title of Agency Official**

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

(  )  -

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

**15. Date (mm/dd/yyyy):** ▶

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

**Registered Agency Comments**

Empty box for 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):

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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**