Form I-566, Interagency Record of Request

Department of Homeland SecurityU.S. Citizenship and Immigration Services

A, G, or NATO Dependent Employment Authorization or Change/Adjustment To/From A, G, or NATO Status

START HERE - Type or print in black ink.

| Pa | art 1. Information About You (| The pers | son seeking e | етр | loyment | auth | horizati | on or ch | nange/adju | istment of | status.) | |
|-----|--|----------|-------------------------------|------|----------------|--|--|--|-------------|-------------|------------------|--|
| 1. | Family Name (Last Name) Given Name | | | | (First Name) | | | | Middle Name | | | |
| 2. | Home Address - Street Number and | Name | | | | | | , | | | Apt. Number | |
| | City | | | | State | | | | | Zi | p Code | |
| 3. | Mailing Address - Street Number an | d Name | | Apt. | Number | . (| C/O (In C | Care Of) | : | <u> </u> | | |
| | City | | State | | | Zip | Code | Da | ytime Phor | ne Number | (with area code, | |
| 4. | Date of Birth (mm/dd/yyyy) 5. Co | untry of | Birth | | | | 6. | Country | of Citizen | ship | | |
| 7. | Gender 8. Marital Male Female Mar | | | | | | r (if any) | any) 10. U.S. Social Security Number (if any) | | | | |
| 11. | DOS Personal Identification Number (12. I-94 Number (Arrival-Dep Document) | | | | | | rture | Ture 13. Passport or Travel Document Number | | | | |
| 14. | . Country of Issuance for Passport or Travel Document 1: | | | | | | | 5. Expiration Date for Passport or Travel Document (mm/dd/yyyy) | | | | |
| 16. | Date of Last Entry into the U.S. 17. Current Immig (mm/dd/yyyy) | | | | ration Status | | | 18. Relationship to Principal (if applicable) | | | | |
| Pa | art 2. Information About Princi | oal Alie | en | | | | | | | | | |
| | | | | | e (First Name) | | | | Middle Name | | | |
| 2. | Home Address - Street Number and | Name | | | | | | | | | Apt. Number | |
| | City | | | | Sta | ate | | | | Zip Coc | le | |
| 3. | Date Tour of Duty Expected to End (mm/dd/yyyy) 4. Country of Citizenship | | | | | | 5. Marital Status Married Not Married | | | | | |
| 6. | Job Title | | | | | 7. DOS Personal Identification Number (I | | | | | n Number (PID) | |
| 8. | I-94 Number (Arrival-Departure Do | | 9. Passport or Travel Documer | | | | ument Num | ber | | | | |
| 10. | Country of Issuance for Passport or | Γravel D | ocument | | l | | - | piration l n/dd/yyy | | ssport or T | ravel Document | |
| | | | | | | | | | | | | |

| Part 3. Type of Request (See instructions for complete information on the different types of requests.) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| I am requesting employment authorization as (select one): a. □ spouse. b. □ son or daughter, age:, who: □ is a full-time, post-secondary student □ is disabled c. □ other dependent recognized by the DOS: | | | | | | | | |
| ☐ I am requesting change/adjustment of status (Select one) a. ☐ Change of nonimmigrant status to A, G, or NATO nonimmigrant - specifically to: b. ☐ Section 247(a), immigrant to A or G nonimmigrant. | | | | | | | | |
| c. Change to other nonimmigrant status from A, G, or NATO - specifically to: d. Adjustment from A, G, or NATO nonimmigrant to immigrant. e. A-1, A-2, G-1, or G-2, nonimmigrant applying under Section 13 of the Act of September 11, 1957. | | | | | | | | |
| Part 4. Certification (Submit two copies with original signatures.) | | | | | | | | |
| I certify under penalty of perjury that the foregoing is true and correct. I understand false information is a basis for denial or termination of the benefit requested and for other penalties provided by law and regulation. If I am requesting employment authorization, I further certify that I do not have a criminal record. I have not violated United States immigration and/or visa laws, I have not worked illegally in the United States, and I have paid Social Security and all applicable taxes on all employment in the United States. | | | | | | | | |
| Signature of Applicant Date (mm/dd/yyyy) | | | | | | | | |
| | | | | | | | | |
| Part 5. Your Personal Information | | | | | | | | |
| Name of Applicant (Family, Given, Middle) Date of Birth (mm/dd/yyyy) DOS Personal Identification Number (PID) | | | | | | | | |
| For Official Use Only | | | | | | | | |
| Part 6. Certification by Diplomatic Mission, International Organization, NATO/HQ SACT, or NATO Member State (Certifying official must have this information and page to complete process.) | | | | | | | | |
| 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 applicant's eligibility for employment authorization has been verified under the provisions of: ☐ A bilateral agreement with: ☐ A de facto agreement with: | | | | | | | | |
| Check all that apply: Without a Based on principal With a numerical limit and this numerical limit alien's G-4 status applicant is within the limit; and | | | | | | | | |
| I further certify that the applicant for status as a principal alien is being offered the position below and DOS was notified. | | | | | | | | |
| Position: DOS Notification Date: | | | | | | | | |
| Signature of Certifying Officer or Official Printed Name Certifying Officer or Official Official Seal | | | | | | | | |
| Name and Address of Diplomatic Mission, International Organization, NATO/HQ SACT, or NATO Member State | | | | | | | | |
| Duty/Title Phone Number (include area code) Date (mm/dd/yyyy) | | | | | | | | |

| Pa | art 7. DOS, 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 a reason(s) for such recommendation: | | | | | | | | |
| 2. | Date (mm/dd/yyyy) 3. Phone Number (include area code) Protocol USUN NATO/HQ SACT Visa | | | | | | | | |
| 5. | Signature 1 6. Signature 2 | | | | | | | | |
| Pa | art 8. USCIS Use Only | | | | | | | | |
| 1. | From: Adjudicator's ID Number USCIS Office Office Phone Number (with area code) A-Number/File Number | | | | | | | | |
| 2. | To: Protocol USUN NATO/HQ SACT Visa Office (Subject filed under Section 13. Advise USCIS of findings.) | | | | | | | | |
| 3. | Adjustment or Change of Status: Granted Date of Decision (mm/dd/yyyy) Denied If change of status granted, give new status: | | | | | | | | |
| 4. | Request for Employment Authorization: Granted Date of Decision (mm/dd/yyyy) Valid to (mm/dd/yyyy) Classification: Denied Classification: | | | | | | | | |
| 5. | DOS, USUN, NATO/HQ SACT, or Visa Office Office Notified: Yes Date of Notification (mm/dd/yyyy) | | | | | | | | |