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

I-566, Interagency Record of Request
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.

Part 1. Information About You *(The person seeking employment authorization or change/adjustment of status.)*

1. Family Name | Given Name | Middle Name

2. Home Address - Street Number and Name | Apt. #

City | State | Zip Code

3. Mailing Address - Street Number and Name | Apt. # | C/O (*in care of*):

City | State | Zip Code | Daytime Phone # *(with area code)*

4. Date of Birth *(mm/dd/yyyy)* | **5.** Country of Birth | **6.** Country of Citizenship

7. Gender
☐ Male ☐ Female

8. Marital Status
☐ Married ☐ Not Married

9. A-Number *(if any)*

10. U.S. Social Security # *(if any)* | **11.** I-94 # *(Arrival-Departure Document)* | **12.** DOS Personal Identification # *(PID)*

13. Date of Last Entry into the U.S. *(mm/dd/yyyy)* | **14.** Current Immigration Status | **15.** Relationship to Principal *(if applicable)*

Part 2. Information About Principal Alien

1. Family Name | Given Name | Middle Name

2. Home Address - Street Number and Name | Apt. # | City | State | Zip Code

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.** I-94 # *(Arrival-Departure Document)* | **8.** DOS Personal Identification # *(PID)*

Part 3. Type of Request *(See instructions for complete information on the different types of requests.)*

1. ☐ 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

2. ☐ 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 - Page 2 must also be attached.)*

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

Your Name *(family, given, middle)*	Date of Birth *(mm/dd/yyyy)*	DOS Personal Identification # *(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.

☐ As an applicant for employment authorization, I further certify that his or her eligibility has been verified under the provisions of:

☐ A bilateral agreement with:

☐ A *de facto* agreement with:

Check each of the following that apply:

☐ Without a numerical limit   ☐ Based on principal alien's G-4 status

☐ With a numerical limit and this applicant is within the limit; and

☐ As an applicant for status as a principal alien, I further certify that he or she is being offered the position of:

and was notified to the DOS on *(date)*:

Signature of Certifying Officer or Official   **Printed Name**

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)*

Part 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)*	**4.** Office:
		☐ Protocol ☐ USUN ☐ NATO/HQ SACT ☐ Visa

4. Signature 1   Signature 2

Part 8.   USCIS Use Only

1. From:

Adjudicator's Identification #	USCIS Office	Office Phone Number *(with area code)*	A-Number / File No.

2. To:

☐ Protocol ☐ USUN ☐ NATO/HQ SACT ☐ Visa Office (Subject filed under Section 13. Please advise USCIS of your findings.)

3. Adjustment or Change of Status: Date of Decision *(mm/dd/yyyy)*   If change of status granted, give new status:

☐ Granted ☐ Denied

4. Request for Employment Authorization: Date of Decision *(mm/dd/yyyy)*:   Valid to *(mm/dd/yyyy)*:   Classification:

☐ Granted ☐ Denied

5. DOS/NATO/HQ SACT/USUN/Visa Office Notified: Date of Notification *(mm/dd/yyyy)*:

☐ Yes ☐ No

OMB No. 1615-0027; Expires 03/31/2013

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7. Gender
☐ Male   ☐ Female
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Part 2. Information About Principal Alien

1. Family Name | Given Name | Middle Name

2. Home Address - Street Number and Name | Apt. # | City | State | Zip Code

3. Date Tour of Duty Expected to End *(mm/dd/yyyy)* | **4.** Country of Citizenship | **5.** Marital Status
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6. Job Title | **7.** I-94 # *(Arrival-Departure Document)* | **8.** DOS Personal Identification # *(PID)*

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Signature of Applicant | **Date** *(mm/dd/yyyy)*

Part 5. Your Personal Information

Your Name *(family, given, middle)*

Date of Birth *(mm/dd/yyyy)*

DOS Personal Identification # *(PID)*

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☐ A *de facto* agreement with:

Check each of the following that apply:

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☐ With a numerical limit and this applicant is within the limit; and

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and was notified to the DOS on *(date)*:

Signature of Certifying Officer or Official   **Printed Name**   **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)*

Part 7. DOS, NATO/HQ SACT, and/or USUN Use Only

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☐ Recommends the request be granted   ☐ Recommends the request be denied

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3. Adjustment or Change of Status: Date of Decision *(mm/dd/yyyy)*   If change of status granted, give new status:

☐ Granted ☐ Denied

4. Request for Employment Authorization: Date of Decision *(mm/dd/yyyy)*:   Valid to *(mm/dd/yyyy)*:   Classification:

☐ Granted ☐ Denied

5. DOS/NATO/HQ SACT/USUN/Visa Office Notified: Date of Notification *(mm/dd/yyyy)*:

☐ Yes ☐ No