

#### **Interagency Record of Request -**A, G, or NATO Dependent Employment Authorization or Change/Adjustment To/From A, G, or NATO Status

**USCIS** 

**Form I-566** 

### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

OMB No. 1615-0027 Expires 02/28/2026

FOR	USCIS OFFICE	ONLY				
Remarks:		A-Nu	mber:			
I O DE COMBRELEU DY AM   -	Attorney State Baif applicable)	ar Number	Attorney or Accredited Representative USCIS Online Account Number (if any)			
► START HERE - Type or print in black ink.						
Part 1. Information About You	Oth	Other Information				
<b>NOTE:</b> The person requesting employment authorization change/adjustment of status provides the requested inform	J.	Date of Birt	h (mm/dd/yyyy)  Birth			
Full Legal Name						
1.a. Family Name (Last Name)  1.b. Given Name (First Name)	7.	Country of (	Citizenship or Nationality  Male Female			
1.c. Middle Name	9.	Marital Stat	us			
U.S. Mailing Address (USPS ZIP Code Lo	ookup)	Single Married Divorced Widowed  Legally Separated Marriage Annulled				
2.a. In Care Of Name (if any)		Other	Separated Marriage Annulled			
2.b. Street Number and Name	10.		ration Number (A-Number) (if any)  • A-			
2.c.         Apt.         Ste.         Flr.           2.d.         City or Town	11.	U.S. Social	Security Number (SSN) (if any)			
2.e. State 2.f. ZIP Code	12.	Department Number (PI	of State (DOS) Personal Identification D)			
3. Is your current mailing address the same as your phy address? Yes	ysical  ] No 13.	USCIS Onli	ne Account Number (if any)			
<b>NOTE:</b> If you answered "No" to <b>Item Number 3.</b> , proving your physical address in <b>Item Numbers 4.a 4.e.</b>	de <b>14.</b>	Provide you (if applicabl	r relationship to the principal alien			
U.S. Physical Address		Паррисион				
4.a. Street Number and Name			bout Your Last Arrival into the			
<b>4.b.</b> Apt. Ste. Flr.		ited States	unival Deporture Decord Number (if an )			
<b>4.c.</b> City or Town	15.a.	, roim 1-94 <i>A</i>	Arrival-Departure Record Number (if any)			
4.d. State 4.e. ZIP Code						

Par	t 1. Informa	tion About You	(continued)	6.	Marital Status				
15.b.	Passport or Tra	vel Document Numb	er	_	Single Married Divorced Widowed				
					Legally Separated Marriage Annulled				
15.c.	Country That I	ssued Your Passport	or Travel Document	_	Other				
				7.	DOS Personal Identification Number (PID)				
15.d.	Expiration Dat	e for Your Passport o	r Travel Document	_					
	(mm/dd/yyyy)	-		8.	USCIS Online Account Number (if any)				
16.		ast Arrival into the U	nited States, On or	_					
	About (mm/dd	/уууу)		Inf	formation About the Principal Alien's Last				
<b>17.</b> Your Current Immigration Status (for example, A-3		Arr	Arrival into the United States						
	attendant, G-1 representative)	principal representati	ve, NATO-2 other	9.a.	Form I-94 Arrival-Departure Record Number (if any)				
	,								
				9.b.	Passport or Travel Document Number				
Par	t 2. Informa	tion About Princ	cipal Alien						
		ne principal alien and	_	9.c.	1				
	•	ehalf, do not complete	•		Document				
Desir	ain m1 A1i and	r Frill I agail Name							
	_	Full Legal Nam	e 	9.d.	Expiration Date for His or Her Passport or Travel Document (mm/dd/yyyy)				
1.a.	Family Name (Last Name)								
1.b.	Given Name (First Name)			Par	t 3. Type of Request				
1.c.	Middle Name			1.	I am requesting (select <b>only one</b> box):				
				_	Employment Authorization				
Prii	ncipal Alien's	S U.S. Physical Ad	ldress		(Proceed to <b>Item Numbers 2.a 2.d.</b> )				
2.a.	Street Number and Name			]	Change/Adjustment of Status (Proceed to <b>Item Numbers 3.a.</b> - <b>3.b.</b> )				
2.b.	Apt. S	te. Flr.		Red	quests for Employment Authorization				
2.c.	City or Town				I am a/an (select <b>only one</b> box):				
2.d.	State	<b>2.e.</b> ZIP Code			Spouse Son or Daughter				
				_	Other Dependent Recognized by DOS				
Prin	ncipal Alien's	Other Informati	on	2 h	If you selected "Son or Daughter," indicate your status if				
3.	Date Tour of D	outy in the United Sta	tes Expected to End	<b>2.0.</b>	you are 21 years of age or older (select <b>only one</b> box).				
		(mm/dd/yyyy	)		Full-time, Post-secondary Student				
4.	Job Title			7	☐ Disabled Person				
				2.c.	If you selected a status in <b>Item Number 2.b.</b> , provide				
5.	Country of Cit	zenship or Nationalit	y	_	your age.				
				2.d.	If you selected "Other Dependent Recognized by DOS," provide your category below.				

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Par	t 3. Type of Request (continued)	Req	uestor's Certification and Signature
Req	I am requesting a/an (select <b>only one</b> box):  Change of Nonimmigrant Status <b>TO</b> A, G, or NATO Change of Nonimmigrant Status <b>FROM</b> A, G, or NATO Adjustment of Status Under Immigration and Nationality Act (INA) Section 247(a) from	I cert all of with in a l Part conta respo Furth any a	ify, under penalty of perjury, that I provided or authorized the responses and information contained in and submitted my request, I read and understand or, if interpreted to me anguage in which I am fluent by the interpreter listed in 5., understood, all of the responses and information ained in, and submitted with, my request, and that all of the onses and the information are complete, true, and correct. Hermore, I authorize the release of any information from and all of my records that USCIS may need to determine ligibility for an immigration request and to other entities
	<ul> <li>Immigrant to A or G Nonimmigrant</li> <li>Adjustment of Status from A, G, or NATO Nonimmigrant to Immigrant</li> <li>Adjustment of Status Under 8 U.S.C. 1255b (Section 13 of the Act of September 11, 1957) from A-1, A-2, G-1, or G-2 Nonimmigrant to Lawful Permanent Resident</li> </ul>	4.a.	Date of Signature (mm/dd/yyyy)
3.b.	If you selected "Change of Nonimmigrant Status" <b>TO</b> or <b>FROM</b> "A, G, or NATO," provide the specific category below.		t 5. Interpreter's Contact Information, tification, and Signature
	TE: Form I-566 is not required if you have changed from , or NATO nonimmigrant status to asylum (protected) s.	1.a.	Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)
Cer	et 4. Requestor's Contact Information, etification, and Signature	2.	Interpreter's Business or Organization Name (if any)
-	ide your daytime telephone number, mobile telephone	Inte	rpreter's Contact Information
numl <b>1.</b>	ber (if any), and email address (if any).  Requestor's Daytime Telephone Number	3.	Interpreter's Daytime Telephone Number
2.	Requestor's Mobile Telephone Number (if any)	4.	Interpreter's Mobile Telephone Number (if any)
3.	Requestor's Email Address (if any)	5.	Interpreter's Email Address (if any)

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# Part 5. Interpreter's Contact Information, Certification, and Signature (continued)

Inte	erpreter's Certification and Signature
I cer	tify, under penalty or perjury, that I am fluent in English
and	,
Instr ques	I have interpreted every question on the request and uctions and interpreted the requestor's answers to the tions in that language, and the requestor informed me that understood every instruction, question, and answer on the est.
6.a.	Interpreter's Signature
6.b.	Date of Signature (mm/dd/yyyy)
_	nature of the Person Preparing this Request, Other Than the Requestor
Pre	parer's Full Name
1.a.	Preparer's Family Name (Last Name)
1.b.	Preparer's Given Name (First Name)
2.	Preparer's Business or Organization Name (if any)
Dro	parer'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 request for the requestor at their request and with express consent and that all of the responses and information contained in and submitted with the request are complete, true, and correct and reflects only information provided by the requestor. The requestor reviewed the responses and information and informed me that they understand the responses and information in or submitted with the request.

6.a.	Preparer's Signature	
6.b.	Date of Signature (mm/dd/yyyy)	

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Par	t 7. Additio	nal In	formation			5.a.	Page Number	5.b.	Part Number	<b>5.c.</b>	Item Number
within space to cor of partop of and It	this request, than what is pupplete and file per. Type or pure each sheet; in	use the solution is the solution of the solution is the solution in the solution in the solution is the solution in the solution in the solution is the solution in the solution in the solution in the solution is the solution in the solution in the solution in the solution is the solution in the solution in the solution in the solution is the solution in the soluti	rovide any addi space below. If , you may make is request or atta r name and A-N ne <b>Page Numbe</b> your answer re	you need e copies of ach a sepa Number (i er, <b>Part</b> N	I more of this page arate sheet f any) at the Number,	5.d.					
	Family Name (Last Name) Given Name										
	(First Name)										
	Middle Name										
2.	A-Number (if	any) 🕨	· A-			6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.a.	Page Number	<b>3.b.</b>	Part Number	<b>3.c.</b> Ite	m Number						
3.d.						6.d.					
s.u.											
						7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
4.a.	Page Number	4.b.	Part Number	<b>4.c.</b> Ite	m Number	7.d.		J		J	
4.d.											
							NOTE TO AL		QUESTORS: I		

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your request will complete these sections.

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#### Part 8. Certification by Diplomatic Mission, International Organization, NATO/HQ SACT, or NATO Member State

	NATO Member State	8.b.	Date of Signatu	are (mm/dd/yyyy)	
	TE: Certifying officer or official must have this mation and page to complete process.  I certify that the information provided in Parts 1., 2., and 3. of this Form I-566 is true and correct to the best		ganization, NA	natic Mission, Inte TO/HQ SACT, or	
	of my knowledge and according to our official records.  I further certify that the requestor's eligibility for employment authorization was verified under the provisions of a (select <b>only one</b> box):  Bilateral Agreement  Bilateral De facto Arrangement  G-4 Regulations  itional Information About Agreement or Arrangement  Name of the Country With Which the Agreement or	9.b. 9.c.	NATO/HQ SA  Street Number and Name	matic Mission, Interna CT, or NATO Members Ste.	
2.0.	Arrangement was Made		Province Postal Code		
2.c.	Select all applicable boxes.  Without a Numerical Limit  With a Numerical Limit and This Requestor is Within the Limit	9.i.	Country		
For	Change/Adjustment of Status			Official Seal	
3.a. 3.b.	I further certify that the principal alien is being offered the following position:  DOS Notification Date (mm/dd/yyyy)				
Cer	tifying Official's Information				
4.a.	Certifying Official's Last Name				
4.b.	Certifying Official's First Name				
5.	Certifying Official's Title				
6.	Certifying Official's Daytime Telephone Number				
7.	Certifying Official's Email Address (if any)				

Certifying Official's Signature

**8.a.** Certifying Official's Signature

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## Part 9. DOS, NATO/HQ SACT, and/or DOS USUN Information

1.a.	Recommendation from DOS, NATO/HQ SACT, and/or DOS USUN
	Grant Request
	☐ Deny Request
For (	Change/Adjustment of Status only:
1.b.	If you selected "Deny Request," provide the reasons for the recommendation.
2.	Date of Recommendation (mm/dd/yyyy)
3.	Office Providing Recommendation
	DOS OFM DOS Protocol DOS Visa
	DOS USUN Host Country
_	nature and Contact Information for commending Official
4.a.	Recommending Official's Signature
4.b.	Recommending Official's Daytime Telephone Number

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## Part 10. USCIS Information Information About USCIS Immigration Services Officer (ISO) ISO's Identification Number 1. 2. **USCIS Office** 3. Office Telephone Number (including area code) Information About USCIS Action Taken on This Request Where was USCIS decision sent? DOS OFM DOS Protocol DOS Visa ■ NATO/HQ SACT DOS USUN Host Country **NOTE:** If the requestor filed under 8 U.S.C. 1255b ("Section 13"), advise USCIS of findings. **5.a.** Decision for Change/Adjustment of Status Granted Denied **5.b.** Date of Decision (mm/dd/yyyy) **5.c.** If you selected "Granted," provide the new status below. **6.a.** Decision for Employment Authorization Request Granted Denied **6.b.** Date of Decision (mm/dd/yyyy) **6.c.** Employment Authorization Valid Until (mm/dd/yyyy) 6.d. Classification 7.a. Were DOS, NATO/HQ SACT, and/or DOS USUN Host Country notified? Yes No

**7.b.** Date of Notification (mm/dd/yyyy)

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