TABLE OF CHANGES – FORM Form I-508, Request for Waiver of Certain Rights, Privileges, Exemptions, and Immunities Immunities OMB Number: 1615-0025 09/03/2014

Reason for Revision: Revised form name; added new signature language and standard data collection fields.

Current Section and Page Number	Current Text	Proposed Text
Page 1		[Page 1]
		Part 1. Information About the Person Filing This Request [sub header]
		1. Family Name (Last Name) Given Name (First Name) Middle Name
	Alien Registration Number: A#	2. Alien Registration Number (A-Number) (if any)
	U.S. Social Security Number	3. U.S. Social Security Number (if any)
	Birth Date	4. Date of Birth (mm/dd/yyyy)
	U.S. State Department-Issued Personal Identification Number (PID)	5. U.S. State Department-Issued Personal Identification Number (PID)
		6. Mailing Address In Care Of Name (if any) Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country
		7. Is your current mailing address the same as your physical address?
		If you answered "No," provide your physical address in Item Number 8.
	Location: (City/Province/State/Country)	7. Physical Address Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country

	I am employed by: (Name and Address of Mission or Organization)	9. Employer Information Name of Mission or Organization Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country
Page 1		[Page 2] Part 2. Waiver Statement
	I, [Last Name] [First Name] [Middle Name] believe that I have an occupational status entitling me to a nonimmigrant classification under paragraph 15(A) (Government Official), 15(E) (Treaty Trader or Treaty Investor) or 15(G) (International Organization Representative) of section 101(a) of the Immigration and Nationality Act. Accordingly, I seek to acquire or retain the status of an alien lawfully admitted for permanent residence and hereby waive all rights, privileges, exemptions, and immunities that would otherwise accrue to me under any law or executive order by reason of such occupational status. NOTE: French Nationals receiving a salary from the French Republic are required to	I, [Auto-fill Full Name], believe that I have an occupational status entitling me to nonimmigrant status under section 101(a)(15)(A), (E), or (G) of the Immigration and Nationality Act (INA) as a government official, treaty trader or treaty investor, or international organization representative, respectively. Accordingly, as I seek to acquire or retain lawful permanent resident status, I hereby waive all diplomatic rights, privileges, exemptions, and immunities that would otherwise accrue to me under any U.S. law or executive order because of my occupational status. NOTE: French nationals receiving a salary from the French Republic are also required to
	complete Form I-508, and also complete an additional waiver on Form I-508F. Both Form I- 508 and I-508F must be submitted together to U.S. Citizenship and Immigration Services (USCIS).	complete Form I-508F. French nationals must submit both Form I-508 and Form I-508F together to U.S. Citizenship and Immigration Services (USCIS).
Page 1		[Page 2]
		Part 3. Requestor's Statement, Contact Information, Certification, and Signature
		NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.
		1. Requestor's Statement Regarding the Interpreter
		A. I can read and understand English, and have read and understand every question and instruction on this request, as well as my answer to every question.
		B. The interpreter named in Part 4. has read to me every question and instruction on this request, as well as my answer to every question, in [Fillable field], a language in which

		I am fluent. I understand every question and instruction on this request as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.
		2. Requestor's Statement Regarding the Preparer
		I have requested the services of and consented to [Fillable field], who is/is not an attorney or accredited representative, preparing this request for me.
		 <i>Requestor's Contact Information</i> 3. Requestor's Daytime Telephone Number 4. Requestor's Mobile Telephone Number (if any) 5. Requestor's Email Address (if any)
		Requestor's Certification Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.
		I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.
		I certify, under penalty of perjury, that the information in my request and any document submitted with my request were provided by me and are complete, true, and correct.
	Signature Date (<i>mm/dd/yyyy</i>)	<i>Requestor's Signature</i> 6. Requestor's Signature Date of Signature (mm/dd/yyyy)
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		Part 4. Interpreter's Contact Information, Certification, and Signature
		Provide the following information about the interpreter.
		 Interpreter's Full Name 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)
		Interpreter's Mailing Address

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