

TABLE OF CHANGES – FORM
Form I-508, Request for Waiver of Certain Rights, Privileges, Exemptions, and
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	<p>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.</p> <p>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.</p> <p>NOTE: French Nationals receiving a salary from the French Republic are 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).</p>	[Page 2] Part 2. Waiver Statement 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 n ationals receiving a salary from the French Republic are also required to 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

	<p>Signature Date (mm/dd/yyyy)</p>	<p>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.</p> <p>2. Requestor's Statement Regarding the Preparer</p> <p>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.</p> <p><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)</p> <p><i>Requestor's Certification</i> 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.</p> <p>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.</p> <p>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.</p> <p><i>Requestor's Signature</i> 6. Requestor's Signature Date of Signature (mm/dd/yyyy)</p>
<p>New</p>		<p>[Page 3]</p> <p>Part 4. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p><i>Interpreter's Full Name</i> 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)</p> <p><i>Interpreter's Mailing Address</i></p>

		<p>3. Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p><i>Interpreter's Contact Information</i> 4. Interpreter's Daytime Telephone Number 5. Interpreter's Email Address (if any)</p> <p><i>Interpreter's Certification</i> I certify that:</p> <p>I am fluent in English and [Fillable field], which is the same language provided in Part 3., Item B. in Item Number 1.;</p> <p>I have read to this requestor every question and instruction on this request, as well as the answer to every question, in the language provided in Part 3., Item B. in Item Number 1.; and</p> <p>The requestor has informed me that he or she understands every instruction and question on the request, as well as the answer to every question, and the requestor verified the accuracy of every answer.</p> <p><i>Interpreter's Signature</i> 6. Interpreter's Signature Date of Signature (mm/dd/yyyy)</p>
New		<p>[Page 4]</p> <p>Part 5. Contact Information, Statement, Certification, and Signature of the Person Preparing This Request, If Other Than the Requestor</p> <p>Provide the following information about the preparer.</p> <p><i>Preparer's Full Name</i> 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if any)</p> <p><i>Preparer's Mailing Address</i> 3. Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p>

		<p><i>Preparer's Contact Information</i> 4. Preparer's Daytime Telephone Number 5. Preparer's Fax Number (if any) 6. Preparer's Email Address (if any)</p> <p><i>Preparer's Statement</i> 7. A. I am not an attorney or accredited representative but have prepared this request on behalf of the requestor and with the requestor's consent.</p> <p>B. I am an attorney or accredited representative and my representation of the requestor in this case extends/does not extend beyond the preparation of this request.</p> <p>NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this request, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this request.</p> <p><i>Preparer's Certification</i> By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this request on behalf of, at the request of, and with the express consent of the requestor. I completed this request based only on responses the requestor provided to me. After completing the request, I reviewed it and all of the requestor's responses with the requestor, who agreed with every answer on the request. If the requestor supplied additional information concerning a question on the request, I recorded it on the request.</p> <p><i>Preparer's Signature</i> 8. Preparer's Signature Date of Signature (mm/dd/yyyy)</p>
<p>New</p>		<p>[Page 5]</p> <p>Part 6. Additional Information</p> <p>If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.</p> <p>1. Family Name (Last Name) [Auto-fill field] Given Name (First Name) [Auto-fill field] Middle Name [Auto-fill field]</p> <p>2. A-Number (if any) [Auto-fill field]</p>

		<p>3. A. Page Number B. Part Number C. Item Number D. [Fillable field]</p> <p>4. A. Page Number B. Part Number C. Item Number D. [Fillable field]</p> <p>5. A. Page Number B. Part Number C. Item Number D. [Fillable field]</p> <p>6. A. Page Number B. Part Number C. Item Number D. [Fillable field]</p> <p>7. Requestor 's Signature Date of Signature (mm/dd/yyyy)</p>
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