



**SOCIAL SECURITY ADMINISTRATION**

Request for Verification of Immigration Status in SEVIS Record

FOR SSA USE ONLY Fax to DHS-LOISV: 213-894-5831 / 213-894-5832 / 1-877-813-4494

F-1       J-1       M-1

Name: \_\_\_\_\_  
( Last - First - Middle )

SEVIS Number: N - \_\_\_\_\_

Attachments - You must check and provide all three items:

- Form G-845 and
- Form I-20 A-B or DS-2019 and
- Form I-94

Requested by: \_\_\_\_\_  
(Name - Print or type clearly)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_  
(include area code)

Title: \_\_\_\_\_  
(CR, SR, DM, etc.)

SSA Fax: \_\_\_\_\_  
(include area code)

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**RECORD OF RELEASE INFORMATION -STATUTORY AUTHORITY**

As a duly accredited representative of the Social Security Administration, I hereby certify, by my signature, that the review of this record is on behalf of the agency I represent, and is for official United States government use only. All information extracted or obtained will be handled in accordance with its classification. I further understand that Student and Exchange Visitor Information System (SEVIS) records are subject to the Privacy Act of 1974. The Department of Homeland Security considers the information provided by the file subject privileged. SEVIS records are not public records. As a recipient of this information you are responsible for the protection of the file subject's privacy. Do not release SEVIS information to other entities without the authorization and consent of the Department of Homeland Security.

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**DEPARTMENT OF HOMELAND SECURITY**

Response to SSA Request

FOR DEPARTMENT OF HOMELAND SECURITY USE ONLY

Attached is a completed G-845.