

SAVE VERIFICATION REPORT

Area/County: _____	Individual Name: _____
Case Number: _____	Verifier Name: _____

Record the following information exactly as received from SAVE.

Alien Registration Number: \_\_\_\_\_

Verification Number: \_\_\_\_\_

Institute Secondary Verification     No     Yes (Go to Section II)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Employment Eligibility: \_\_\_\_\_

Status Code: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Alternate ID Number: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

**ATTACH COPY OF ALIEN DOCUMENTATION**

II. Secondary Verification

Record the following information if secondary verification required.

Date INS Form G-845 mailed: \_\_\_\_\_

Date IM Form G-845 returned: \_\_\_\_\_

**ATTACH COPY OF ALIEN DOCUMENTATION AND RETURNED INS FORM G-845**

Worker Signature: _____	Date _____
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