



SOCIAL SECURITY ADMINISTRATION

REQUEST FOR VERIFICATION OF REFUGEE STATUS

FOR SSA USE ONLY

REFUGEE INFORMATION

REFUGEE'S NAME:

DATE OF BIRTH:

PLACE OF BIRTH:

ALIEN REGISTRATION NUMBER (A#):

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 Worldwide Refugee Admissions Processing System records are subject to the Privacy Act of 1974. The Worldwide Refugee Admissions Processing System of the U.S. Department of State considers the information provided by the file subject privileged. Worldwide Refugee Admissions Processing System 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 refugee information to other entities without the authorization and consent of the Worldwide Refugee Admissions Processing System, U.S. Department of State.

Requested by:

Title:

SSA Field Office:

Telephone number:

Fax number:

Signature: _____

Date:

STATE DEPARTMENT
WORLDWIDE REFUGEE ADMISSIONS PROCESSING SYSTEM
PHONE: (703) 907-7250
FAX: (703) 907-7290