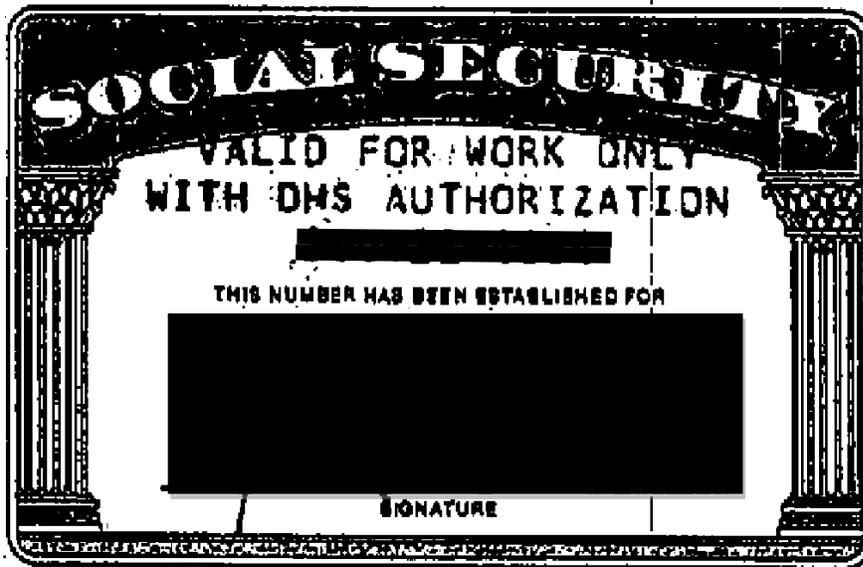


1 DHS/INS Verification

Any applicant that provides a Social Security Card that states “valid for work only with DHS/INS Authorization” must have additional supporting documentation.



Social Security Card can say INS instead of DHS, these cards are the older ones.

INS – Immigration Naturalization Service

DHS – Department of Homeland Security

Depending on the reason the applicant is in the U.S. will determine the documentation needed. If none of the documentation below is in the application, you will need to request one of the following:

- DS-2019
- I-129
- I-20
- Work Authorization Card
- Permanent Resident Card

1.1 DS-2019

DS-2019 is issued by the school the provider is attending.

Review of DS-2019

1. Verify provider name is the same.
2. Must be the entity the provider is training with that is indicated in the enrollment packet.
 - Address does not have to match.
3. Verify the requested enrollment date falls within the dates listed on the DS-2019.
 - If enrollment packet is approvable, the provider will receive the end reason code of "DHS/INS"
 - The contract end date is determined by the end date of the provider license and DS-2019. The document that will end date first is the end date given on the provider file.

1.2 I-129

Review of I-129

1. Verify provider name is the same
2. Must be the entity the provider works for that is indicated in the enrollment packet
 - Address does not have to match
 - Provider can work for multiple entities but must supply a I-129 for each
3. Verify the requested enrollment date falls within the dates listed on the I-129
 - If enrollment packet is approvable, the provider will receive the end reason code of "DHS/INS"
 - The contract end date is determined by the end date of the provider license and I-129. The document that will end date first is the end date given on the provider file

FREE-ENTERED STATES OF AMERICA

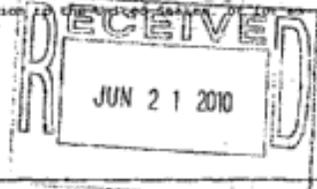
RECEIPT NUMBER [REDACTED]		CASE TYPE I129
RECEIPT DATE May 20, 2010		PRIORITY DATE
NOTICE DATE May 24, 2010		PAGE 1 of 1
PETITIONER [REDACTED]		BENEFICIARY [REDACTED]
[REDACTED]		Notice Type: Approval Notice Class: H1B Valid from 07/01/2010 to 06/30/2011

The above petition and change of status have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Any change in employment requires a new petition. Since this employment authorization stems from the filing of this petition, separate employment authorization documentation is not required. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, *Arrival-Departure Record*. This should be turned in with the I-94 when departing the U.S. The left part is for his or her records. A person granted a change of status who leaves the U.S. must normally obtain a visa in the new classification before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, *Application for Action on an Approved Application or Petition*, with this office to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this visa petition does not in itself grant immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, for extension, change, or adjustment of status.

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.



This section may not be attached

Please see the additional information on the back. You will be notified separately about any other cases you filed.

U.S. CITIZENSHIP & IMMIGRATION SVC
CALIFORNIA SERVICE CENTER
P. O. BOX 30111
LAGUNA NIGUEL CA 92607-0111
Customer Service Telephone: (800) 375-5283
Form I797A (Rev. 09/07/93)N



Detach This Half for Personal Records

Receipt # [REDACTED]
I-94# [REDACTED]
NAME [REDACTED]
CLASS H1B
VALID FROM 07/01/2010 UNTIL 06/30/2011
PETITIONER: [REDACTED]

Receipt Number [REDACTED]
Immigration and Naturalization Service
I-94
Departure Record Petitioner: [REDACTED]

14. Family Name [REDACTED]
15. First (Given) Name [REDACTED] 16. Date of Birth [REDACTED]
17. Country of Citizenship [REDACTED]

1.3 I-20

Review of I-20

1. Verify provider name is the same.
2. Must be the entity the provider is training with that is indicated in the enrollment packet.
 - Address does not have to match.
3. Verify the requested enrollment date falls within the dates listed on the I-20.
 - If enrollment packet is approvable, the provider will receive the end reason code of "DHS/INS".
 - The contract end date is determined by the end date of the provider license and I-20. The document that will end date first is the end date given on the provider file.

Please read Instructions on Page 2

This page must be completed and signed in the U.S. by a designated school official.

SEVEN

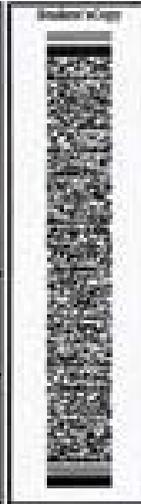
1. Family Name (surname)

First (given) Name:		Middle Name:	
Country of birth:		Date of birth (month/year):	
Country of citizenship:		Administrative number:	

2. School (school/college name)

School Official to be notified of student's arrival in U.S. (Name and Title):	
School address (include zip code):	
School code (including 3-digit suffix, if any) and approval date: approved on _____	

For Investigation Official Use	
Visa issuing post:	Date Visa issued:
Estimated, education granted to:	



- 3. This certificate is issued to the student named above for:
- 4. Level of education the student is pursuing or will pursue in the United States:
- 5. The student named above has been accepted for a full course of study at this school, requiring in _____ months. The student is required to report to the school no later than _____ and complete studies not later than _____. The normal length of study is _____ months.

6. English proficiency:

7. This school estimates the student's average costs for an academic term of _____ (up to 12) months to be:

a. Tuition and fees	\$ _____
b. Living expenses	\$ _____
c. Expenses of dependents	\$ _____
d. Other (specify):	\$ _____
Total	\$ _____

- 8. This school has information showing the following as the student's means of support, estimated for an academic term of _____ months (Use the same number of months given in item 7):
 - a. Student's personal funds \$ _____
 - b. Funds from this school \$ _____
Specify type: _____
 - c. Funds from another source \$ _____
Specify type: _____
 - d. On-campus employment \$ _____
 - Total** \$ _____

9. Remarks: _____

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(b)(8). I am a designated official of the above named school and am authorized to issue this form.

Name of School Official Signature of Designated School Official Title Date Issued Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form, unless specifically to me and is true and correct to the best of my knowledge. I certify that I will remain or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the DHS pursuant to 8 CFR 214.5(g) to determine my nonimmigrant status.

Name of Student Signature of Student Date

Name of parent or guardian (if student under 18) Signature of parent or guardian Address (city) (State or Province) (Country) (Date)

1.4 Employment Authorization Card

1. Verify provider name is the same.
2. Verify the requested enrollment date falls within the dates listed on the Employment Authorization Card.
 - If enrollment packet is approvable, the provider will receive the end reason code of “DHS/INS”.
 - The contract end date is determined by the end date of the provider license and Employment Authorization Card. The document that will end date first is the end date given on the provider file.

