

# VEEMAH

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## Referral Form for Immigration Waiver for Citizenship Test

Name of referred: \_\_\_\_\_ Relationship with Referred: \_\_\_\_\_

Name of referred: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

Daytime Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Immigration status: \_\_\_\_\_

Date arrived in the United States: \_\_\_\_\_

Perception of concerns preventing you from sitting the citizenship examination:

\_\_\_\_\_

### **Please bring the following information**

Green Card    Insurance Card    Social Security Card    State ID Card    Medical Records

Cost: Flat rate of \$1500.00