ASC Appointment Notice	CASE TYPE		NOTICE DATE			
APPLICATION/PETITION/REQUEST NUMBER	1539 - APPLICATION TO	EXTEND/CHANGE NONIMMIGRANT S	STATUS 11/22/2021 CODE			
MCT2121514705		USCIS A#	5			
ACCOUNT NUMBER	TCR	SERVICE CENT				
		YSC	1 of 3			
PEIPEI WU c/o PEIPEI WU 27 CAMDEN ST MILFORD CT 06461 Please read this entire notice carefully. To proce		. Citizenship and Immigration Services (USCIS) must coll	ect your biometrics. Please appear			
at the below Application Support Center (ASC) at the date and time specified. IF YOU FAIL TO APPEAR AS SCHEDULED, YOUR APPOINTMENT MAY NOT BE RESCHEDULED. TO REQUEST THAT USCIS RESCHEDULE YOUR APPOINTMENT, SEE THE INSTRUCTIONS AT THE BOTTOM OF THIS NOTICE. IF USCIS DOES NOT RESCHEDULE YOUR APPOINTMENT, YOUR APPLICATION, PETITION, OR REQUEST WILL BE CONSIDERED ABANDONED AND DENIED.						
APPLICATION SUPPORT CENTER		DATE AND TIME OF APPOINTM	IENT			
USCIS PORT CHESTER		12/13/2021				
40 S Main Street Port Chester NY 10573		08:00AM				
WHEN YOU APPEAR AT THE ASC FOR BIOMETRICS SUBM						
<ol> <li>THIS APPOINTMENT NOTICE. If you received multiple ASC notices, bring <u>all</u> notices to your first appointment, and</li> <li>PHOTO IDENTIFICATION. Your biometrics will not be collected without identification. If you must bring a valid government-issued photo identification document. If the name on your identification is different than the name on your ASC notice, bring supporting documentation. If you filed an Application for Naturalization (Form N-400) or Application to Replace Permanent Resident Card (also known as a Green Card).</li> <li>Only those necessary to assist you with transportation or completion of the biometrics worksheet should accompany you to your ASC appointment. If you have open wounds, bandages, or casts when you appear for biometrics submission. USCIS may reschedule your appointment if we determine your injuries may interfere with biometrics submission. Please do not visit a USCIS office if you are sick or feel any symptoms of being sick. Follow the instructions on this notice to reschedule your appointment.</li> <li>You may bring cell phones or electronic devices, but they must be turned off during biometrics collection. No one may photograph or record at an ASC.</li> <li>For more information regarding your ASC appointment, visit https://www.uscis.gov/forms/forms-information/preparing-your-biometric-services-appointment. If you have questions regarding this notice, please call the USCIS Contact Center at 1-800-375-5283 (TTY 800-767-1833).</li> <li>NOTE: If an ASC closes due to inclement weather or unforeseen circumstances, USCIS will automatically reschedule your appointment. If USCIS reschedules your appointment for any reason, you will receive a new ASC appointment notice.</li> <li>To ensure you receive all correspondence from USCIS, you must update your address if you move. For instructions, visit https://www.uscis.gov/addresschange.</li> <li>USCIS may use your biometrics to check the crinninal history records of the FBI, for identity verification,</li></ol>						
If you are unable to attend your scheduled ASC appointment, you may	REQUESTS TO RESCHEDULE/SPE request that USCIS reschedule your appoin		283 (TTY 800-767-1833).			
Your request to reschedule must: 1) be made before the date and the appointment or fail to establish good cause, USCIS may not reschedule the date date date and the date of t						
abandoned and denied. If you have a serious ongoing medical condition and you cannot leave your home/hospital, you may request a mobile biometrics/homebound appointment by following the instructions on the back in the Notice for People with Disabilities or by visiting uscis.gov/accommodations.						
APPLICATION NUMBER 1539- MCT2121514705						

If you have any questions regarding this notice, please contact the USCIS Contact Center at 1-800-375-5283.

If you are visiting a field office and need directions, including public transportation directions, please see **www.uscis.gov/fieldoffices** for more information.

# Notice for People with Disabilities

To request a disability accommodation:

- · Go to uscis.gov/accommodations to make your request online, or
- Call the USCIS Contact Center at 800-375-5283 (TTY 800-767-1833) for help in English or Spanish. Asylum and NACARA 203 applicants must call to make their request.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.

### Important Changes to Biometrics Services Appointments Related to COVID-19

USCIS Application Support Centers (ASC) are open with additional precautions to prevent the spread of the coronavirus disease (COVID-19). For the most updated visitor guidance and facility entrance requirements, on the day of your appointment please visit: www.uscis.gov/about-us/uscis-response-to-covid-19.

#### Appointments

- · You must have a scheduled appointment before arriving at a USCIS office. Only appear on your scheduled date and time at the designated location.
- · Do not arrive more than 15 minutes before your appointment. Only military members may appear without an appointment.
- Do not bring additional individuals or family members with you to your appointment. Only interpreters, attorneys or those providing needed assistance if you are disabled will bepermitted to accompany you.
- Fill out the Applicant Information Worksheet below and bring it to your appointment to complete the biometric collection process.
- If you are ill, you should reschedule your appointment. Please call the USCIS Contact Center at 800-375-5283 (TTY 800-767-1833) to reschedule.
- On the day of your appointment, please check for office closures or other important information here: www.uscis.gov/about-us/uscis-office-closings.

## Entrance to USCIS Facilities (Application Support Centers)

You may not enter a USCIS facility if you have:

- COVID-19 or any symptoms of COVID-19 (according to the CDC) including, but not limited to, recently developed cough, fever, difficulty breathing, new loss of smell or taste, fatigue, muscle aches, headache, congestion, sore throat, or vomiting;
- Been in close contact (within 6 feet for a total of 15 minutes or more) with anyone known to have COVID-19 in the past 14 days (unless you are fully vaccinated or you are a health careworker and consistently wear an N-95 respirator and proper personal protective equipment (PPE) or equivalent when in contact with COVID-19 positive individuals);
- · Returned from domestic air, international air, or cruise ship travel in the past 10 days (unless you are fully vaccinated);
- Been instructed by a health care provider, public health authority, or government entity to self-isolate or self-quarantine in the past 14 days;
- You may also have to answer health screening questions before entering a facility;
- · For more information for visiting USCIS facilities, please visit: www.uscis.gov/about-us/uscis-visitor-policy.

# Face coverings and Social Distancing:

- In all areas of the country, all USCIS employees, on-site contractors, and visitors, regardless of vaccination status or level of COVID-19 transmission in your local area, are required to wear a mask inside all DHS and USCIS workspaces and federal buildings. USCIS may deny entry to individuals who do not wear a face covering.
- In DHS-controlled spaces, this guidance supersedes state, local, tribal, or territorial rules and regulations regarding face coverings.
- All federal employees, on-site contractors, and visitors must follow local USCIS guidance on physical distancing (such as sitting and standing apart from others) and workplace protection guidance consistent with Centers for Disease Control and Prevention (CDC) and agency guidance.

#### APPLICANT'S INFORMATION WORKSHEET (AIW)

NAME:				
FIRST		MIDDLE		LAST
LIST ANY OTHER NAMES USED (M 1)	AIDEN NAME, PREVIOUS MARRIA	AGE, ALIAS, ETC.):		
2)	FIRST	MID	DLE	LAST
· · · · ·	FIRST	MID	DLE	LAST
DATE OF BIRTH:	MONTH	DAY	YEAR	_
COUNTRY OF BIRTH:			COUNTRY O	F CITIZENSHIP:
GENDER: (CHECK ONE) MALE FEMALE OTHER	RACE: (CHECK ASIAN BLACK CAUCASIA	, ,		<ul> <li>NATIVE AMERICAN</li> <li>UNKNOWN</li> </ul>
EYE COLOR: (CHECK ONE) BLACK BLUE BROWN GRAY GREEN	<ul> <li>HAZEL</li> <li>MAROON</li> <li>MULTICOLOR</li> <li>PINK</li> <li>UNKNOWN</li> </ul>	HAIR COLOR: (CF BALD BLACK BLOND OR S' BLUE BROWN GRAY GREEN	,	<ul> <li>ORANGE</li> <li>PINK</li> <li>PURPLE</li> <li>RED OR AUBURN</li> <li>SANDY</li> <li>WHITE</li> <li>UNKNOWN</li> </ul>
HEIGHT:	ORCENTIMETERS	WEIGHT:	POUNDS	ORKILOGRAMS

When you provide your digital signature, you will be attesting to the following:

I declare under penalty of perjury that I have reviewed and understand the document(s) identified by the receipt number displayed on the screen above, and that all the information in these materials is complete, true, and correct. This includes any:

- application, petition, or request that I submitted;
- application, petition, or request that I provided on behalf of my derivative beneficiary;
- application, petition, or request that was submitted on my behalf; and
- supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, or that was filed on my behalf.

#### **RETURN "AIW" TO APPLICANT**