**Application For Employment Authorization**

**Department of Homeland Security**
**U.S. Citizenship and Immigration Services**

**Form I-765**
OMB No. 1615-0040
Expires 10/31/2025

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**Mark 1.a.** for your initial application

**Provide your name as found on your passport**

**List any variations of your name as found on your I-20, visa, etc.**

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**START HERE - Type or print in black ink.**

### Part 1. Reason for Applying

I am applying for (select only one box):

1.a. **Replacement permission to accept employment.**

1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

**NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to Replacement for Card Error in the What is the Filing Fee section of the Form I-765 Instructions for further details.

1.c. Renewal of my permission to accept employment.

(Append a copy of your previous employment authorization document.)

### Part 2. Information About You

**Your Full Legal Name**

1.a. Family Name (Last Name) **Doe**

1.b. Given Name (First Name) **Jane**

1.c. Middle Name

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**Other Names Used**

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

2.a. Family Name (Last Name) **NA**

2.b. Given Name (First Name) **NA**

2.c. Middle Name **NA**

3.a. Family Name (Last Name) **NA**

3.b. Given Name (First Name) **NA**

3.c. Middle Name **NA**

4.a. Family Name (Last Name) **NA**

4.b. Given Name (First Name) **NA**

4.c. Middle Name **NA**

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Check that you are using the most recent version.
USCIS will send your Receipt Notice and EAD card to this mailing address.

5a. In Care Of Name (if any)

5b. Street Number

5c. City or Town

5d. State

5e. ZIP Code

6. Is your current mailing address the same as your physical address?

NOTE: If you answered “No” to Item Number 6, provide your physical address below.

U.S. Physical Address

7a. Street Number and Name


7c. City or Town

7d. State

7e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)

9. USCIS Online Account Number (if any)

10. Gender

11. Marital Status

12. Have you previously filed Form I-765?

13a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

NOTE: If you answered “No” to Item Number 13a, skip to Item Number 14. If you answered “Yes” to Item Number 13a, provide the information requested in Item Number 13b.

14. Do you want the SSA to issue you a Social Security card? (You must also answer “Yes” to Item Number 15.)

15. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.

16a. Family Name (Last Name)

16b. Given Name (First Name)

17a. Family Name (Last Name)

17b. Given Name (First Name)

Your Country or Countries of Citizenship or Nationality

18a. Country

18b. Country

Only complete Item 5.a if you are sending your documents to someone other than yourself. List that person’s name.

Only complete this if you answered NO to the previous question 6.

If you answer YES, skip Items 7.a—7.e.

If you answer YES, provide a copy of your previous EAD card.

Mark YES if you want an SSN card or need a replacement SSN card.

Only complete Items 15, 16, and 17 if you marked YES to Item 14.

If you are requesting an SSN card, be sure to list your father’s and mother’s names at birth.
You can find your I-94 number online: https://i94.cbp.dhs.gov/i94

A travel document is not your passport. Leave blank.

If you last traveled by land, your electronic I-94 might reflect a different date.

You can find your SEVIS number at the top of your Form I-20.
Part 3. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

**Applicant’s Statement**

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

1.a. **X** I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. [ ] The interpreter named in Part 4, read to me every question and instruction on this application and my answer to every question in

[a language in which I am fluent, and I understood everything.]

2. [ ] At my request, the preparer named in Part 5,

[prepared this application for me based only upon information I provided or authorized.

**Applicant’s Contact Information**

3. Applicant’s Daytime Telephone Number

1234567890

4. Applicant’s Mobile Telephone Number (if any)

1234567890

5. Applicant’s Email Address (if any)

JANEDOE@SUW.EDU

6. [ ] Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

**Applicant’s Declaration and Certification**

Copies of any documents I have submitted are exact photocopies of original, legal documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature), and, at that time, if I am required to provide biometrics, I will be required to sign an oath reconfirming that:

1) I reviewed and understood all of the information contained in, and submitted with, my application, and

2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understood all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

**Applicant’s Signature**

7.a. **Applicant’s Signature**

7.b. Date of Signature (mm/dd/yyyy) 11/08/2022

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the instructions, USCIS may deny your application.

Part 4. Interpreter’s Contact Information, Certification, and Signature

Provide the following information about the interpreter.

**Interpreter’s Full Name**

1.a. Interpreter’s Family Name (Last Name)

1.b. Interpreter’s Given Name (First Name)

2. Interpreter’s Business or Organization Name (if any)
Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name
3.c. City or Town
3.d. State ☐ 3.e. ZIP Code
3.f. Province
3.g. Postal Code
3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in Part 3, Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature
7.b. Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)
1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name
3.c. City or Town
3.d. State ☐ 3.e. ZIP Code
3.f. Province
3.g. Postal Code
3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)
Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer’s Statement

7.a. [ ] I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant’s consent.

7.b. [ ] I am an attorney or accredited representative and my representation of the applicant in this case [ ] extends [ ] does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer’s Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understood and agreed to all information contained in, and submitted with, his or her application, including the Applicant’s Declaration and Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer’s Signature

8.a. Preparer’s Signature

8.b. Date of Signature (mm/dd/yyyy)
List any previous OPT authorizations, including the dates of authorization and the degree level.

List any previous SEVIS ID numbers, including the degree level, if applicable.

List any previous CPT authorizations, including the employer, degree level, part-time or full-time, and the dates of authorization.