**Application For Employment Authorization**

**Department of Homeland Security**

**U.S. Citizenship and Immigration Services**

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<tr>
<th>For USCIS Use Only</th>
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<tbody>
<tr>
<td>☐ Authorization/Extension Valid From</td>
<td>☐ Select this if Form G-28 is attached.</td>
<td>☐ Attorney or Accredited Representative USCIS Online Account Number (if any)</td>
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<tr>
<td>☐ Authorization/Extension Valid Through</td>
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<tr>
<td>Alien Registration Number</td>
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**To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).**

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

### Part 1. Reason for Applying

I am applying for (select only one box):

1. a. ☐ Initial 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.
1. c. ☒ Renewal of my permission to accept employment.
   (Attach 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 | 

**Other Names Used**

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space, complete this section, use the space provided in Part 2. 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

Mark 1.c. for your renewal application

Check that you are using the most recent version.

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

Provide your name as found on your passport

Form I-765 Edition 10/31/22
USCIS will send your Receipt Notice and EAD card to this mailing address.

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

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

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

This number is on your EAD.

Provide a copy of your previous EAD card.

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**Part 2. Information About You**

**Your U.S. Mailing Address**

- In Care Of Name (if any)
- Street Number and Name: 1234 UNIVERSITY DR
- City or Town: SEATTLE
- State: WA
- ZIP Code: 98105

**Is your current mailing address the same as your physical address?**

- **Yes**
- **No**

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

**U.S. Physical Address**

- Street Number and Name
- City or Town
- State
- ZIP Code

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**Other Information**

- Alien Registration Number (A-Number) (if any)
- X: A
- USCIS Online Account Number (if any)

**Gender**

- **Male**
- **Female**

**Marital Status**

- **Single**
- **Married**
- **Divorced**
- **Widowed**

**Have you previously filed Form I-765?**

- **Yes**
- **No**

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

- **Yes**
- **No**

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

**Your Country or Countries of Citizenship or Nationality**

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

- Country: CANADA

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Provide a copy of your previous EAD card.

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

List c 3 C for STEM OPT Extension.
**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@SW.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 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 where necessary for the administration and enforcement of U.S. immigration law.

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 reaffirming that:

1. I reviewed and understood all of the information contained in, and submitted with, my application; and
2. All of the 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 documents submitted with it were provided or authorized by me, that I reviewed and understand 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 (m/m/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)

Sign the document by hand in black ink.
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
1.a. Street Number and Name
3.c. City or Town
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 extending ☐ 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.

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 understands the 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.

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<thead>
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<th>5.a.</th>
<th>Page Number</th>
<th>5.b. Part Number</th>
<th>5.c. Item Number</th>
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**PREVIOUS OPT AUTHORIZATION:**
01-01-2021 - 12-31-2021
BACHELOR'S DEGREE

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

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**PREVIOUS SEVIS ID:**
N0987654321 - ASSOCIATE'S DEGREE

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

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<th>7.a.</th>
<th>Page Number</th>
<th>7.b. Part Number</th>
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**PREVIOUS CPT AUTHORIZATION:**
MICROSOFT: BACHELOR'S
PT 01-01-2020 - 06-06-2020