I-765 INSTRUCTIONS
GENERAL INSTRUCTIONS

• The I-765 can be typed or handwritten, or a mix of both.
  o Use black ink for any handwriting.
  o It is fine to hand write portions of the form that do not fit in the boxes provided
  o Any handwriting must be very neat and legible

• If a section on the I-765 does not apply to you, write "N/A" in that field (or "None" if the question asks for a numerical value)

• If you need extra space to complete any item within the application, use the space provided in Part 6. Additional Information.
# Application For Employment Authorization

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

<table>
<thead>
<tr>
<th>Authorization/Extension Valid From</th>
<th>Fee Stamp</th>
<th>Action Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Authorization/Extension Valid Through</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For USCIS Use Only

<table>
<thead>
<tr>
<th>Alien Registration Number</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-</td>
<td></td>
</tr>
</tbody>
</table>

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).

[Select this box if Form G-28 is attached.]

Attorney or Accredited Representative  
USCIS Online Account Number (if any)
Part 1. Reason for Applying

I am applying for (select only one box):

1.a. [X] 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.

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.
(Attach a copy of your previous employment authorization document.)
### Part 2. Information About You

**Your Full Legal Name**

1.a. Family Name (Last Name)  
1.b. Given Name (First Name)  
1.c. Middle Name  

Exactly as it appears exactly on your passport
**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.**

<table>
<thead>
<tr>
<th></th>
<th>Family Name (Last Name)</th>
<th>Given Name (First Name)</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.b</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.c</td>
<td></td>
<td></td>
<td></td>
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<td>3.a</td>
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<td>3.c</td>
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<tr>
<td>4.a</td>
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<tr>
<td>4.b</td>
<td></td>
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<td></td>
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<tr>
<td>4.c</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If this does not apply to you, list “N/A” in these fields.
- Where you would want to receive your EAD Card and other notifications from USCIS
- Needs to be valid at least 4-5 months into the future
- You cannot use OIA’s address
- You can use the U.S. address of a reliable friend, relative or employer who can receive the card for you.
- EADs are considered government documents and cannot be forwarded by the U.S. Postal Service.
- Zip Code- 9 digits total
- Current physical address in Chicago
- Complete only if this address is different from mailing address
List “None” in sections # 8 and 9 (do not usually apply to F-1 students applying for OPT)

**Other Information**

8. Alien Registration Number (A-Number) (if any)
   ![A-]

9. USCIS Online Account Number (if any)
   ![ ]

10. Gender
    - Male
    - Female

11. Marital Status
    - Single
    - Married
    - Divorced
    - Widowed

12. Have you previously filed Form I-765?
    - Yes
    - No

13.a. 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.
If you already have an SSN

13.b. Provide your Social Security number (SSN) (if known).

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

Yes  No

NOTE: If you answered “No” to Item Number 14., skip to Part 2., Item Number 18.a. If you answered “Yes” to Item Number 14., 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.

Yes  No

NOTE: If you answered “Yes” to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

Father’s Name
Provide your father’s birth name.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

Mother’s Name
Provide your mother’s birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)
If you want to apply for SSN or replacement card; complete #14-17.

If you do not, list “N/A” in sections 16 & 17.
Dependent on your passport(s)
Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

19.b. State/Province of Birth

19.c. Country of Birth

20. Date of Birth (mm/dd/yyyy)

Exactly as it appears on your passport
Look at I-94; Travel History
Sections 28-31 do not apply to you. Skip the yes/no questions, list “N/A” in 28.a-c, and “None” in 29 & 31.
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. ☒ 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

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

5. Applicant's Email Address (if any)

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.
Must be handwritten to be considered valid and acceptable.
### 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 ZIP Code
3.e. Province
3.f. Postal Code
3.g. 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:

1. I am fluent in English and
2. I have read to this applicant the information contained in Part 3, Item Number 1.b., and I have read to this applicant the information contained in Part 5, Item Number 1.a.

3. I have read to this applicant any other information contained in the application and have asked the applicant to answer any questions. 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 that all of this information is complete, true, and correct.

4. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

5. I have verified the accuracy of every answer.

**Interpreter's Signature**

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

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

#### 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 ZIP Code
3.e. Province
3.f. Postal Code
3.g. 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)

#### 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 to the preparation of this application.

NOTE: If you are an attorney or accredited representative, you 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, 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 all of 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)
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 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 as the agent of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of 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)
Complete only if the following applies:
1. CPT (at UChicago)
2. Approved for OPT in the past
3. Have different SEVIS Number(s) than your current one
### CPT Authorizations

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Start date – End date</th>
<th>Part-time or Full-time</th>
<th>Degree level (Bachelor’s, Master’s, or PhD)</th>
<th>Current SEVIS Number</th>
</tr>
</thead>
</table>

### OPT Authorizations

<table>
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<tr>
<th>Start date – End date</th>
<th>Part-time or Full-time</th>
<th>Degree level (Bachelor’s, Master’s, or PhD)</th>
<th>SEVIS Number</th>
</tr>
</thead>
</table>

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**SEVP School for Advanced SEVIS Studies**

**CPT Employment**

**F-1 Student:** Cookie Monster

- **SEVP School for Advanced SEVIS Studies**
- **SEVP School for Advanced SEVIS Studies**
- **Status:** ACTIVE
- **SEVIS ID:** N0004703070

**New CPT Employment**

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>FT/PT</th>
<th>Request/Status</th>
<th>Employment</th>
<th>Command</th>
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</thead>
<tbody>
<tr>
<td>SEVP Applied</td>
<td>PT</td>
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<td>Start: 08/17/2017</td>
<td>Add</td>
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<tr>
<td>Late</td>
<td></td>
<td></td>
<td>End: 08/30/2017</td>
<td></td>
</tr>
<tr>
<td>Great</td>
<td>PT</td>
<td>APPROVED</td>
<td>Start: 09/17/2017</td>
<td>Add</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td>End: 09/30/2017</td>
<td></td>
</tr>
</tbody>
</table>

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**Specimen Employment Authorization Card**

- **Surname:** SPECIMEN
- **Given Name:** TEST Y
- **Category Code:** USCIS
- **Date of Birth:** 01/01/60
- **Country of Birth:** Ethiopia
- **Sex:** Male
- **Valid From:** 01/01/60
- **Valid To:** 05/10/11
- **Not Valid for Reentry to U.S.**
Previous SEVIS ID’s: (as a title to the section)
Please list your other SEVIS ID’s you have used in the past
SEVIS ID: N00...;
Program start date – End date;
Degree level (Bachelor’s, Master’s, PhD)
Your Name
Your Address

MM/DD/YYYY

PAY TO THE ORDER OF

U.S. Department of Homeland Security

$ 410.00

Four Hundred and Ten Dollars and 00/100

OPT Application

Your Signature