

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input type="text"/>		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any)	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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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. Initial permission to accept employment.
- 1.b. Replacement of lost, stolen, or damaged authorization document, or correction of an employment authorization document 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.)

Check this box (unless you are applying for a replacement EAD card).

Do not forget to check this box! USCIS will not review your application if you do not.

Names Used

Other names you have ever used, including aliases, nicknames, and nicknames. If you need extra space to provide this information, use the space provided in Part 6.

2.a. Family Name (Last Name)	<input type="text"/>
2.b. Given Name (First Name)	<input type="text"/>
2.c. Middle Name	<input type="text"/>
3.a. Family Name (Last Name)	<input type="text"/>
3.b. Given Name (First Name)	<input type="text"/>
3.c. Middle Name	<input type="text"/>
4.a. Family Name (Last Name)	<input type="text"/>
4.b. Given Name (First Name)	<input type="text"/>
4.c. Middle Name	<input type="text"/>

Part 2. Information About You

Your Full Legal Name →

Enter name exactly as it appears in your passport.

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

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)

5.b. Street Number and Name

5.c. Apt. Ste. Flr.

5.d. City or Town

5.e. State 5.f. ZIP Code

[\(USPS ZIP Code Lookup\)](#)

6. Is your current mailing address the same as your physical address? Yes No

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

U.S. Physical Address

7.a. Street Number and Name

7.b. Apt. Ste. Flr.

7.c. City or Town

7.d. State 7.e. ZIP Code

Other Information

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

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

Please only use the I-Center address if you do not have any alternate stable address available in the U.S.

If using a personal address or address of a family member/friend, please be sure to enter the address completely and correctly.

Enter your current U.S. residential address here, if different than the mailing address used above.

Check "yes" if you have applied for OPT previously – otherwise, check "no."

If you already have an SSN, check "yes" here, fill out SSN on the next line, and skip questions 14 – 17b.

Otherwise, check "no."

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)

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.

18.a. Country

18.b. Country

If you already have an SSN, be sure to enter it here.

If you already have an SSN, leave questions 14 – 17.b. blank.

If you do not have an SSN, you may check "yes" here and fill out questions 14 – 17.b. if you would like to apply for an SSN at the same time you are applying for OPT.

If you do not wish to apply for an SSN while filing for OPT, you may check "no" and leave questions 14 – 17.b. blank.

Do not forget to fill in your citizenship country!

If you are a dual citizen, please be sure to fill in both countries.

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

Rome

19.b. State/Province of Birth

Lazio

19.c. Country of Birth

Italy

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

11/21/1995

Fill out your place and date of birth.

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

▶ 9 1 7 0 9 4 5 5 3 3 0

21.b. Passport Number of Your Most Recently Issued Passport

123456789

21.c. Travel Document Number (if any)

21.d. Country That Issued Your Passport or Travel Document

Italy

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

11/21/2025

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

08/25/2018

23. Place of Your Last Arrival Into the United States

Boston

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

F-1 Student

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

F-1 Student

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N-001234567

Download your most recent I-94 at: <https://i94.cbp.dhs.gov>, and fill in the admission number exactly as it appears.

Fill in the Passport Number, Country of Issuance, and Expiration Date of your most recently issued passport.

Enter the date and city of your last entrance to the U.S. (can be verified on the most recent entry stamp in your passport).

Unless you have changed status from within the U.S., you should fill in "F-1 Student" for both questions 24 and 25.

If you have changed status, please check with your International Student Advisor before filling this in.

This is the SEVIS ID on the top left of your I-20 (N00...)

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 appropriate box. **Check this box.** Item number 1.a. or 1.b. If applicable, select 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.

Do not forget to fill in your contact information!

NOTE: If you answered "Yes" to Item Number 31.b., refer to Employment-Based Nonimmigrant Categories, Items 8. - 9., in the Who May File Form I-765 section

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, 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 certifying that:

- 1) I am not a member of any organization that advocates the overthrow of the United States government, and
- 2) I am not a member of any organization that advocates the commission of any act that is prohibited by law.

I certify that my application is true and correct. 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 certifying that:

Do not forget to sign and date!
The form must be physically signed in pen – do not use an electronic signature. Please make sure the signature does not cross the lines.
The rest of the form should be left blank.

Applicant's Signature

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

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)

These sections should be left blank.

If, however, you did use the assistance of an interpreter or professional preparer to help you complete the I-765, please check with I-Center before completing these sections.



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

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

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.b. Apt. Ste. Flr.

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 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 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)

