



## Sample Form I-765 with Instructions

### Important Information:

- ✓ The I-765 form can be found at <https://www.uscis.gov/i-765>
- ✓ We recommend downloading the form first and saving a copy on your computer in case there are any corrections that need to be made.
- ✓ You must TYPE your answers and sign by hand in Blue INK on PAGE 4
- ✓ There are a few fillable fields that do not work on some computers including some important address fields. Please handwrite in black ink very neatly if you cannot type in the fields.
- ✓ For the sections you are not required to complete, cross out with one handwritten line and write N/A as shown on the sample form
- ✓ Submit the completed I-765 form to the OISS with your OPT Request Form.
- ✓ The I-765 will be reviewed by the OISS advisor processing your OPT I-20 and will be given back to you for mailing to USCIS. Review any notes made by the advisor and make the necessary changes.
- ✓ Review your I-765 CAREFULLY before mailing your OPT application to USCIS. Any errors could result in a delay or possibly even a denial of your application. The OISS is not responsible for any errors made on your application.
- ✓ Send ALL pages of the I-765, even if pages are blank.



**Application For Employment Authorization**

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

**USCIS**  
**Form I-765**  
OMB No. 1615-0040  
Expires 05/31/2020

<b>For USCIS Use Only</b>	<input type="checkbox"/> Authorization/Extension Valid From _____	<b>Fee Stamp</b>	<b>Action Block</b>
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input style="width: 100px;" type="text"/>		
	Remarks		

<b>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</b>	<input type="checkbox"/> Select this box if Form G-28 is attached.	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input style="width: 100%;" 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 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.)

**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)	<input style="width: 100%;" type="text"/>
2.b. Given Name (First Name)	<input style="width: 100%;" type="text"/>
2.c. Middle Name	<input style="width: 100%;" type="text"/>
3.a. Family Name (Last Name)	<input style="width: 100%;" type="text"/>
3.b. Given Name (First Name)	<input style="width: 100%;" type="text"/>
3.c. Middle Name	<input style="width: 100%;" type="text"/>
4.a. Family Name (Last Name)	<input style="width: 100%;" type="text"/>
4.b. Given Name (First Name)	<input style="width: 100%;" type="text"/>
4.c. Middle Name	<input style="width: 100%;" type="text"/>

Check 1a. for all new OPT applications.

Complete this section only if you have any other legal names you have used in the past such as a maiden name. Otherwise leave blank.

Fill in your legal name as it appears on your I-20. If you do not have a middle name leave 1c blank.

**Part 2. Information About You**

**Your Full Legal Name**

1.a. Family Name (Last Name)	<input type="text" value="Eagle"/>
1.b. Given Name (First Name)	<input type="text" value="Baldwin"/>
1.c. Middle Name	<input type="text"/>

If you have an SSN we recommend you leave this blank for security reasons.

This is the address where documentation and your EAD card will be sent. You MUST provide an address where you can safely receive mail for the next 3-5 months. We recommend using our office address as listed

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any) Boston College OISS
5.b. Street Number and Name 72 College Rd
5.c. Apt. Ste. Flr.
5.d. City or Town Chestnut Hill
5.e. State MA 5.f. ZIP Code 02467
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 1234 Commonwealth Ave
7.b. Apt. Ste. Flr. 10
7.c. City or Town Brighton
7.d. State MA 7.e. ZIP Code 02135

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 Number 13.a., provide the information requested in Item Number 13.b.

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

[Blank box for SSN]

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 USA

18.b. Country

List all countries of legal citizenship. If you have more than 2 enter on part 6. (page 7)

This is your current address. Complete this if you used a different address above.

Leave 8 and 9 blank.

Check appropriate boxes.

12. If you have applied for OPT or other type of work authorization using an I-765 form (not CPT) check YES, otherwise check NO.

13. If you have a SSN check YES, if not check NO



**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.

Check 1a.

- 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**

Complete contact info.

- 3. Applicant's Daytime Telephone Number  
617 552 0000
- 4. Applicant's Mobile Telephone Number (if any)  
617 552 0000
- 5. Applicant's Email Address (if any)  
eagle@bc.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 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 reaffirming 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 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  
Robert Eagle
- 7.b. Date of Signature (mm/dd/yyyy) 10/12/2018

**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.

Don't forget to sign in BLUE Ink within THE BOX and enter date!

**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)  
N/A
- 1.b. Interpreter's Given Name (First Name)  
N/A
- 2. Interpreter's Business or Organization Name (if any)  
N/A

If you did NOT use an interpreter to help complete this form, cross off this section and write "N/A".



If you did NOT use an interpreter to help complete this form, cross off this section and write "N/A".

**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

N/A

**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

N/A

**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)

If someone else did NOT complete this application on your behalf, cross off section and write "N/A".

**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 ay 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)

N/A

If someone else completed this application on your behalf, check off 7a or 7b as instructed. If you did not have a lawyer or other person prepare your application, cross off section and write "N/A".

**COMPLETE THIS PAGE IF YOU HAVE DONE OPT OR CPT IN THE PAST, or to provide additional information for previous questions if there was not enough space provided. IF YOU HAVE NOT DONE CPT OR OPT, or do not need additional space, cross off section and WRITE "N/A".**

**Part 6. Additional Information**

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d. Current SEVIS ID N0001234567  
 Bachelor's:  
 No CPT  
 Post OPT 01/02/2015-01/01/2016  
 Master's:  
 Part- time CPT: 05/01/2016-08/01/2017  
 (see attached copies of I-20s and EAD card)

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d. Previous SEVIS ID: N0000111111  
 High School: No CPT or OPT

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**To List Previous CPT or OPT:**

Use as many spaces as you need to enter all of the additional information necessary using sections 3a to 7a. **Include SEVIS IDs and ALL degree levels completed in the U.S.** as well as any CPT and/or OPT associated with each SEVIS ID. If you did not use CPT or OPT for a specific degree level, list "No CPT or OPT" following the example above on line 4.d. If you attended multiple schools in the U.S., and took a break from your studies, you will have different SEVIS IDs.

Example for listing CPT or OPT on Section 3:

3a. Page number: **3** 3b. Part Number: **2** 3c. Item Number: **27** 3d. **See example above**

**BE SURE TO INCLUDE COPIES OF ALL PREVIOUS I-20 FORMS AND PREVIOUS EAD CARDS AND MAIL THEM WITH YOUR OTHER APPLICATION MATERIALS.**