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

I-765, Application For Employment Authorization

Do not write in this block.

Remarks

Action Block

Fee Stamp

Applicant is filing under §274a.12

☐ Application Approved. Employment Authorized / Extended (Circle One) until (Date).

Subject to the following conditions:

☐ Application Denied.

☒ Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).

☒ Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)

I am applying for:

☒ Permission to accept employment.

☐ Replacement (of lost employment authorization document).

☐ Renewal of my permission to accept employment (attach previous employment authorization document).

Start

1. Name (Family Name in CAPS) (First) (Middle)

Last Name, first name as written on I-20

2. Other Names Used (include Maiden Name)

3. Address in the United States (Number and Street) (Apt. Number)

Where the EAD will be mailed

(Town or City) (State/Country) (ZIP Code)

4. Country of Citizenship/Nationality

Where you are from

5. Place of Birth (Town or City) (State/Province) (Country)

details

6. Date of Birth (mm/dd/yyyy) ☐ Gender

☐ Male ☐ Female

7. Marital Status ☐ Married ☐ Single

☐ Widowed ☐ Divorced

8. Social Security Number (include all numbers you have ever used) (if any)

9. Alien Registration Number (A-Number) or I-94 Number (if any)

Your 11-digit I-94 number

10. Have you ever applied for employment authorization from USCIS?

☐ Yes (If "Yes," complete below) ☒ No

Only previous OPT

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.

Signature

Telephone Number

Date

End

****** Don't forget this part! ****

Signature of Person Preparing Form, If Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name

Address

Signature

Date

Remarks

Initial Receipt Resubmitted Relocated Completed

Rec'd Sent Approved Denied Returned

Form I-765 (Rev. 08/19/09)

[Barcode]