This template serves as a general guideline to complete the updated edition of Form I-765, dated 08/25/2020 for an OPT application.

PLEASE NOTE: THIS IS NOT LEGAL ADVICE.
### Part 2. Information About You (continued)

| Your U.S. Mailing Address | 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.) |
|---------------------------|--|---|
| **5.a.** In Care Of Name (if any) | Yes | No |
| ISSS Thornton Intl House | |
| **5.b.** Street Number and Name | |
| 601 University Dr | |
| **5.d.** City or Town | |
| San Marcos | |
| **5.e.** State | TX | 5.f. ZIP Code | 78666 |

**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 address below.

| U.S. Physical Address | 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. |
|-----------------------|--|---|
| **7.a.** Street Number and Name | Yes | No |
| **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
- **11.** Marital Status
- **12.** Have you previously filed Form I-765?
- **13.a.** Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
- **13.b.** Provide your Social Security number (SSN) (if known).

**Father’s Name**
- **14.a.** Provide your father’s birth name.
- **14.b.** Family Name (Last Name)
- **14.c.** Given Name (First Name)

**Mother’s Name**
- **14.a.** Provide your mother’s birth name.
- **14.b.** Family Name (Last Name)
- **14.c.** 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.

**14.a.** Country

**14.b.** Country

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**Use ISSS address or your own Address**

**#14 & #15 - “Yes” if you do not have a SSN, then answer items 16 – 17.**

**“No” to #6 if using ISSS address. Write your address for 7a-d.**
- Check I-94 website for I-94 number
  https://i94.cbp.dhs.gov/i94/#/recent-search

- Check I-94 website for port of entry code
  https://i94.cbp.dhs.gov/i94/#/recent-search

See Form I-20 for SEVIS ID number

* Change of Status Students - Check I-94 website for YOUR immigration status at last port of entry
  https://i94.cbp.dhs.gov/i94/#/recent-search
Part 2. Information About You (continued)

If you answered "Yes" to Item Number 30.c., provide the following information:

30.d. Date you presented yourself to DHS

30.e. Location where you presented yourself to DHS

30.f. Country of claimed persecution

30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

NOTE: Refer to the Special Filing Instructions for Those With Pending Asylum Applications (c)(8) section of the Form I-765 Instructions for more information.

31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in Item Number 27., please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in Item Number 27., please provide the receipt number of your spouse’s or parent’s Form I-797 Notice for Form I-140.

31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you EVER been arrested for and/or convicted of any crime? ☐ Yes ☐ No

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 of the Form I-765 Instructions for information about providing court dispositions.

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

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.
Part 3. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature (continued)

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

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)

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.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)

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)
• List all prior SEVIS numbers.
• List any proof of previously authorized CPT and OPT. Include the academic level, institution, and dates approved.