This template serves as a general guideline to complete the Form I-765 for an OPT application.

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

**Your U.S. Mailing Address**

5.a. In Care Of Name (if any) [ISSS or Personal Address]

5.b. Street Number and Name  601 University Drive


5.d. City or Town  San Marcos

5.e. State  ▼  5.f. ZIP Code  78666  
  
(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.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 Number 13.a., provide the information requested in Item Number 13.b.

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

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
**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)

**Information About Your Last Arrival in the United States**

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

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

21.c. Travel Document Number (if any)

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

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

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

23. Place of Your Last Arrival Into the United States

Port of Entry Code City State

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)

*Check I-94 website for port of entry code*
Personal email address

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

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)
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 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.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 agent 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)
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

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

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

5.d.


6.d.

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

7.d.