ISSS Further Instructions for Completing I-765.

ISSS comments are in grey boxes. You must send USCIS all 7 pages of this form when applying for OPT.

This entire form must be completed in black ink, either typed or written with black pen. Any boxes which do not apply to you should be filled in with “N/A.”

Check that the form isn’t expired.

#1 Enter your legal name exactly as it appears on a legal document (e.g. your passport). If your name does not fit go to Part 6 of the form to type the name in its entirety, referencing Page 1, Part 1, Item 1.a, 1.b. and/or 1.c.

If you have never before received an EAD card, check 1.a.

If you have had an EAD card previously, ask ISSS for guidance.

#2-4: If you go by any other names, including aliases, maiden name (i.e. name before marriage), or nicknames list them here. If you have no other name, fill each box with NA for “not applicable.” If your name does not fit go to Part 6 of the form to type the name in its entirety, referencing Page 1, Part 1, Item 2.a-4.c (as applicable).

Disclaimer:
The information contained in this form is provided as a service to international students, faculty and staff at the University at Albany. It does not constitute legal advice. We try to provide useful information, but we make no claims, promises or guarantees about the accuracy, completeness or adequacy of the information contained in or linked to any associated site or form. Neither the University at Albany nor ISSS is responsible for any errors or omissions contained in this form, or for the results obtained from the use of this information. Nothing provided herein should be used as a substitute for the advice of competent legal counsel; students may wish to consult an immigration attorney on the specifics of their case as needed.
#5: This is where they will mail your EAD card. It must be a valid address 3-5 months after you apply, and someone must be available to sign when it is delivered. If it is your address, write NA in 5.a. If it is going to a friend’s house, include the friend’s name in Item 5.a. and fill in the friend’s address. If you want to use ISSS’s address, enter the information below.

### Part 2. Information About You (continued)

#### Your U.S. Mailing Address

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

| ISSSS Albany |

5.b. Street Number and Name

| 1400 Washington Avenue |


City or Town

| Albany |

State

| NY |

5.f. ZIP Code

| 12222 |

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.

| Physical Address |

#### Street Number and Name

| 55524 Main Street |

| Apt. ☐ Ste. ☐ Flr. ☐ 3a |

City or Town

| Albany |

7.e. ZIP Code

| 12203 |

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#7: If your mailing address is different that your US Physical Address (where you physically reside) fill in item 7. This must match your SEVIS USA address in MyUAlbany. If the address changes while your I-765 is pending contact ISSS.

#8 and #9: If you have received an A-Number or USCIS Online Account Number (such as through USCIS ELIS) previously you must include these for 8 and 9. Many students may not have these numbers. If you have received an EAD card previously, the A-Number is the USCIS number (9 digits) on the card

#12: If you have ever filed an I-765 click “Yes” and include a copy of the EAD card or any other notices (such as a withdrawal notice or denial notice).

#13a: If you have ever been issued a SSN card, you must check Yes and provide your SSN in Item 13.b

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#14-17: If you want the SSA to issue you a SSN with this I-765, check “Yes” to items 14 and 15, and fill in Items 16-17. If you would prefer to apply for a SSN in person once you get your EAD card, check “No” and go to Item 18.a. You must have a SSN to be paid.

| 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.

| Vasant |

16.a. Family Name (Last Name) |

16.b. Given Name (First Name) |

| Arun |

#### Mother’s Name

Provide your mother’s birth name.

| Vasant |

17.a. Family Name (Last Name) |

17.b. Given Name (First Name) |

| Niharika |

#### Your Country 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 |

| India |

18.b. Country (Your Name) |

| √/A |

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#18: Please list all countries with you are currently a citizen or national of.
#19: Enter the information about your place of birth. Include the names exactly as they were at your time of birth, even if the names of the city/state/province/country etc. have since changed.

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
   Jejuri
19.b. State/Province of Birth
   Maharashtra
19.c. Country of Birth
   India
20. Date of Birth (mm/dd/yyyy) 08/05/1995

Information About Your Last Arrival in the United States
21.a. Form I-94 Arrival-Departure Record Number (if any)
   ▶ 1 2 3 4 5 6 7 8 9 10
21.b. Passport Number of Your Most Recently Issued Passport
   G1234567
21.c. Travel Document Number (if any)
   N/A
21.d. Country That Issued Your Passport or Travel Document
   India
21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
   05/31/2021
22. Date of Your Last Arrival Into the United States, On Or About (mm/dd/yyyy)
   08/31/2017
23. Place of Your Last Arrival Into the United States
   NYC JFK
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- 0001234567

Information About Your Eligibility Category
27. Eligibility Category. Refer to the Who May File Form I-765 section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(ii)).
   ▶ C 3 B
28. (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 27., provide the information requested in Item Numbers 28.a - 28.e.
   28.a. Degree ▶ N/A
   28.b. Employer's Name as Listed in E-Verify ▶ N/A
   28.c. Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number ▶ N/A
29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27., provide the receipt number of the most recent Form I-797 issued for Nonimmigrant ▶ N/A
   ▶ N/A

#21c: For most students, the answer to 21c will be “NA” unless you have entered on a travel document that isn’t a passport.

#21-#24: Get this information from your most recent I-94. If your I-94 or travel history is incorrect consult ISSS for additional guidance.

#23: Enter the city and port of entry you last entered at.

#24: This is the status you last entered the United States in, whether or not it was F-1.

#25: This must be F-1 student.

#26: If you have any prior SEVIS numbers you must enter those on Part 6.
Read the applicant statement in its entirety and check the appropriate box. For most students, it will be 1.a. because you should complete the form on your own. Make sure you read and understand the applicant’s declaration and certification before signing.

**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
   5185552727

4. Applicant’s Mobile Telephone Number (if any)
   5185551717

5. Applicant’s Email Address (if any)
   JVASANT222@ALBANY.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 my application and any document provided or authorized by me, that all of the information contained in the application and that all of this information is correct.

**Applicant’s Signature**

7.a. Applicant’s Signature

7.b. Date of Signature (mm/dd/yyyy) 08/01/2018

**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.

**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)

Your signature must be an original signature in black pen. It cannot be electronic or typed.
<table>
<thead>
<tr>
<th>Part 4. Interpreter's Contact Information, Certification, and Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interpreter's Mailing Address</strong></td>
</tr>
<tr>
<td>3.a. Street Number and Name</td>
</tr>
<tr>
<td>3.e. City or Town</td>
</tr>
<tr>
<td>3.d. State 3.e. ZIP Code N/A</td>
</tr>
<tr>
<td>3.f. Province</td>
</tr>
<tr>
<td>3.g. Postal Code</td>
</tr>
<tr>
<td>3.h. Country</td>
</tr>
<tr>
<td><strong>Interpreter's Contact Information</strong></td>
</tr>
<tr>
<td>4. Interpreter's Daytime Telephone Number</td>
</tr>
<tr>
<td>5. Interpreter's Mobile Telephone Number (if any)</td>
</tr>
<tr>
<td>6. Interpreter's Email Address (if any)</td>
</tr>
<tr>
<td><strong>Interpreter's Certification</strong></td>
</tr>
<tr>
<td>I certify, under penalty of perjury, that:</td>
</tr>
<tr>
<td>I am fluent in English and [language], 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.</td>
</tr>
<tr>
<td><strong>Interpreter's Signature</strong></td>
</tr>
<tr>
<td>7.a. Interpreter's Signature N/A</td>
</tr>
<tr>
<td>7.b. Date of Signature (mm/dd/yyyy) N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparer's Full Name</strong></td>
</tr>
<tr>
<td>1.a. Preparer's Family Name (Last Name)</td>
</tr>
<tr>
<td>1.b. Preparer's Given Name (First Name)</td>
</tr>
<tr>
<td>2. Preparer's Business or Organization Name (if any)</td>
</tr>
<tr>
<td><strong>Preparer's Mailing Address</strong></td>
</tr>
<tr>
<td>3.a. Street Number and Name</td>
</tr>
<tr>
<td>3.e. City or Town</td>
</tr>
<tr>
<td>3.d. State 3.e. ZIP Code N/A</td>
</tr>
<tr>
<td>3.f. Province</td>
</tr>
<tr>
<td>3.g. Postal Code</td>
</tr>
<tr>
<td>3.h. Country</td>
</tr>
<tr>
<td><strong>Preparer's Contact Information</strong></td>
</tr>
<tr>
<td>4. Preparer's Daytime Telephone Number</td>
</tr>
<tr>
<td>5. Preparer's Mobile Telephone Number (if any)</td>
</tr>
<tr>
<td>6. Preparer's Email Address (if any)</td>
</tr>
</tbody>
</table>

Part 4 - Part 5: Most students will not use an interpreter or preparer. However, you still must fill in the boxes with "NA."
Part 5: Most students will not use an interpreter or preparer. However, you still must fill in the boxes with “NA.”
Part 6 is for additional information. You **only** need to use this form if instructed in the USCIS instructions (for example, if one of your answers to a question does not fit in the box). If you have previously used CPT or OPT you should also indicate that here, and include photocopies of the I-20(s) with CPT and OPT authorization.

**#1: Fill in your name**

**#2: Fill in your A-Number,** if applicable

### 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 and file with this application or attach a separate one. Type or print your name and A-Number (if any) on each sheet; indicate the **Page Number**, **Part** and **Item Number** to which your answer refers; and on each sheet.

| Name (Last) | Vasant            |
| Name (First) | Jinal             |

1.c. Middle Name: Sanjaykumar

2. A-Number (if any) ▶ A-123456780

3.a. Page Number 3.b. Part Number 3.c. Item Number
   3 2 26

3.d. My previous SEVIS ID is N0007654321

4.a. Page Number 4.b. Part Number 4.c. Item Number
   2 2 12

4.d. I have previously filed an I-765 which was granted. I was authorized for post-completion OPT based on my master's program from 10/01/2017-10/01/2018. Please see the I-20s and EAD card included with this application as documentation of this authorization.

5.a. Page Number 5.b. Part Number 5.c. Item Number
   3 2 27

5.d. I was previously authorized for part-time CPT for my master's program from 8/27/16-12/15/2016. Please see the I-20s included with this application as documentation of this authorization.


6.d.

7.b. Part Number 7.c. Item Number

7.d.

Make sure to note which page number, part number, and item number you are referencing

If you use this page, you should sign and date in black pen ink.

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