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.

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.

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name) Vasant
1.b. Given Name (First Name) Jinal
1.c. Middle Name Sanjaykumar

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) N/A
2.b. Given Name (First Name) N/A
2.c. Middle Name N/A

3.a. Family Name (Last Name) N/A
3.b. Given Name (First Name) N/A
3.c. Middle Name N/A

4.a. Family Name (Last Name) N/A
4.b. Given Name (First Name) N/A
4.c. Middle Name N/A

#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

#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).

Check that the form isn’t expired.

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

If you have had an EAD card previously, ask ISSS for guidance.
Part 2. Information About You (continued)

Your U.S. Mailing Address

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

City or Town
   Albany
   7.e. ZIP Code 12203

Are you currently a citizen or national of...
   □ Yes □ No

NOTE: If you answered “No” to Item Number 13.a, skip to 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

NOTE: If you answered “No” 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
   Vasant

Mother’s Name
   Niharika

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national.
   India

18. Please list all countries with you are currently a citizen or national of.

#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.

#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.
#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.

#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. X 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.

Part 4: Most students will not use an interpreter or preparer. However, you still must fill in the boxes with “NA.”

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)
Part 4. Interpreter’s Contact Information, Certification, and Signature

**Interpreter’s Mailing Address**

| 3.a. Street Number and Name | N/A |
| 3.c. City or Town | N/A |
| 3.d. State |  | 3.e. ZIP Code | N/A |
| 3.f. Province | N/A |
| 3.g. Postal Code | N/A |
| 3.h. Country | N/A |

**Interpreter’s Contact Information**

| 4. Interpreter’s Daytime Telephone Number | N/A |
| 5. Interpreter’s Mobile Telephone Number (if any) | N/A |
| 6. Interpreter’s Email Address (if any) | N/A |

**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 | N/A |
| 7.b. Date of Signature (mm/dd/yyyy) | N/A |

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) | N/A |
| 1.b. Preparer’s Given Name (First Name) | N/A |
| 2. Preparer’s Business or Organization Name (if any) | N/A |

**Preparer’s Mailing Address**

| 3.a. Street Number and Name | N/A |
| 3.c. City or Town | N/A |
| 3.d. State |  | 3.e. ZIP Code | N/A |
| 3.f. Province | N/A |
| 3.g. Postal Code | N/A |
| 3.h. Country | N/A |

**Preparer’s Contact Information**

| 4. Preparer’s Daytime Telephone Number | N/A |
| 5. Preparer’s Mobile Telephone Number (if any) | N/A |
| 6. Preparer’s Email Address (if any) | N/A |

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 you have previously used CPT or OPT. If your answers to any questions are too long for the box you can fill in additional information here. 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**

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**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 page. Type or print your name and A-Number (if any) each sheet; indicate the **Page Number** **Part** and **Item Number** to which your answer refers; and each sheet.

1.c. Middle Name **Sanjaykumar**

2. A-Number (if any) **A-123456780**

3.a. Page Number **3**

3.b. Part Number **2**

3.c. Item Number **26**

3.d. My previous SEVIS ID is **N0007654321**

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4.a. Page Number **2**

4.b. Part Number **2**

4.c. Item Number **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.

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5.a. Page Number **3**

5.b. Part Number **2**

5.c. Item Number **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.

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6.a. Page Number **6**

6.b. Part Number **6**

6.c. Item Number **6**

6.d. **Make sure to note which page number, part number, and item number you are referencing**

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7.a. Page Number **7**

7.b. Part Number **7**

7.c. Item Number **7**

7.d. **If you use this page, you must sign and date in black pen ink.**

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**Signature**

**Date:** 8-1-18