

**I-765, Application For  
Employment Authorization**

**Do not write in this block.**

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended ( <i>Circle One</i> ) until _____ (Date). _____ (Date). Subject to the following conditions: _____ Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> 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*).

1. Name (Family Name in CAPS) (First)	(Middle)	Which USCIS Office?	Date(s)
2. Other Names Used (include Maiden Name)		Results (Granted or Denied - attach all documentation)	
3. Address in the United States (Number and Street)	(Apt. Number)	12. Date of Last Entry into the U.S. (mm/dd/yyyy)	
Texas Woman's University	OIE	13. Place of Last Entry into the U.S.	
(Town or City) (State/Country)	(ZIP Code)	14. Manner of Last Entry (Visitor, Student, etc.)	
PO Box 425827 Denton, TX	76204	15. Current Immigration Status (Visitor, Student, etc.)	
4. Country of Citizenship/Nationality	16. Go to <b>Part 2</b> of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).		
5. Place of Birth (Town or City) (State/Province) (Country)	Eligibility under 8 CFR 274a.12 ( <u>c</u> ) ( <u>3</u> ) ( <u>B</u> )		
6. Date of Birth (mm/dd/yyyy)	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	17. If you entered the Eligibility Category, (c)(3)(C), in item 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.	
8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Degree: _____ Employer's Name as listed in E-Verify: _____ Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number: _____		
9. Social Security Number (include all numbers you have ever used) (if any)	11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (If "Yes," complete below) <input type="checkbox"/> No		
10. Alien Registration Number (A-Number) or I-94 Number (if any)			

**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 \_\_\_\_\_

**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	

