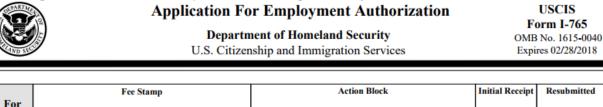


# Sample Form I-765: Optional Practical Training

To access Form I-765, go to www.uscis.gov, click on the "Forms" tab, and scroll down to Form I-765. Complete the form, save it for your records, and print it single-sided to sign in blue ink.



		Fee Stamp	Action	Block	Initial Receipt	Resubmitted	
	For						
	USCIS				Relo	ocated	1
	Use				Received	Sent	1
	Only						I.
					Com	ple Sample	I-94:
	Applic:	ation Approved	Application Denied - Fail	ed to establish:	Approved		
You must check	Aut	thorization/Extension Valid From		Economic necessity under			
ONLY ONE of	Aut	thorization/Extension Valid To	8 CFR 274a.12 (a) or (c)	8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)	A#		]
these boxes.	Subject	t to the following conditions:		Applicant is filing under	section 274a.12		1
Choose the							_

.......

START HERE - Type or print in black ink.

## I am applying for:

Permission to accept employment.

Replacement (of lost employment authorization document).

Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).

#### 1. Full Name

3

Family Name	First Name	Middle Name
BABSON	Roger	

-

2 Other Names Used (include Maiden Name)

This is the address to which the EAC will be mailed. It must be clear and accurate. If you will not live at this address for at least three months after you submit the application, we recommend using the StAR address: 1000 Olin Way Needham, MAA 02492

first box when

Family Name	First Name	Middle Name
. U.S. Mailing Addr	ess	
Street Number and I	Name	Apt. Number
231 Forest St	., Glavin	
·		

Town or City State ZIP Code Wellesley Hills 02481 MA •

4. Country of Citizenship or Nationality

# Spain

#### Place of Birth 5. Town or City State/Province Country Madrid Spain Date of Birth (mm/dd/yyyy) 07/06/1875

7. Gender 🔀 Male 🗌 Female

### 8. Marital Status

× Single □ Married □ Divorced □ Widowed

9.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? × Yes □ No

NOTE: If you answered "Yes" to Item Number 9.a., provide the information requested in Item Number 9.b.

- 9.b. Provide your Social Security number (SSN) (if known) ►
- Do you want the SSA to issue you a Social Security card? 10. (You must also answer "Yes" to Item Number 11., Consent for Disclosure, to receive a card.)

Yes No

NOTE: If you answered "No" to Item Number 10., skip to Item Number 14. If you answered "Yes" to Item Number 10., you must also answer "Yes" to Item Number 11.

Consent for Disclosure: I authorize disclosure of 11. 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 10. - 11., provide the information requested in Item Numbers 12.a. - 13.b.

#### **Father's Name**

Family Name (Last Name)	
Given Name (First Name)	

Form I-765 07/17/17 N

To ensure that you are using the most current Form I-765, download it from www.uscis.gov.



	13.:	ther's Name (Provide your mother's birth name.)  a. Family Name (Last Name)  b. Given Name (First Name)	22. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 20. above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.
Universitie and Boole Protection intermediate the second		Alien Registration Number (A-Number) or Form I-94 Number (if any) 01234567890 Have you ever before applied for employment authorization from USCIS?	<ul> <li>23. (c)(35) and (c)(36) Eligibility Category</li> <li>a. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 20. above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.</li> </ul>
Answer YES <u>only</u> if you have applied directly to USCIS for employme		Which USCIS Office? Dates Dates Results (Granted or Denied - attach all documentation) No (Proceed to Item Number 16.)	<ul> <li>b. Have you EVER been arrested for and/or convicted of any crime?</li> <li>Yes No</li> <li>NOTE: If you answered "Yes" to Item Number 23.b., refer to Item Number 5., Item H. or Item I. in the Who May File Form I-765 section of these Instructions for information about providing court dispositions.</li> </ul>
nt authorizati on in the past. <b>This</b> does <u>not</u> refer to		Date of Your Last Arrival or Entry Into the U.S., On or About (mm/dd/yyyy) 10/02/2017 Place of Your Last Arrival or Entry Into the U.S.	Certification I certify, under penalty of perjury, that the foregoing is true ar correct. Furthermore, I authorize the release of any informati that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read
The city & state where you		New York, New York Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.) F-1 Student	the Who May File Form I-765 section of the Instructions an have identified the appropriate eligibility category in Item Number 20. Applicant's Signature Franklin W. Olin
the U.S. The airport code is		Current Immigration Status (Visitor, Student, etc.) Student Eligibility Category. Go to the Who May File Form L7652 section of the Instructions. In the space below, place	Jate of Signature (mm/dd/yyyy)     10/02/2017       Telephone Number     7812394565
found on		<b>I-765?</b> section of the Instructions. In the space below, place the letter and number of the eligibility category you selected	1012374303



21.	from the instructions. For example, (a)(8), (c)(17)(iii), etc. (c)(3)(C) Eligibility Category. If you entered the eligibility category (c)(3)(C) in <b>Jtem Number 20.</b> above, list your	Signature of Person Preparing Form, If Other Than Applicant 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
The code (c) (3) (B) refers to <b>Post-</b> <b>Completion</b> OPT. The codes (c) (3) are always used: (A) refers to a <b>Pre-</b> <b>Completion</b> OPT. (B) refers to post-	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.         Degree       Employer's Name as listed in E-Verify         Employer's E-Verify Company Identification Number or a Valid E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number	any knowledge. Preparer's Signature Date of Signature (mm/dd/yyyy) Printed Name Address
completion OPT (C) refers to STEM Extension OPT	m I-765 07/17/17 N	Page 2 of 2