

Department of Homeland Security
U.S. Citizenship and Immigration Services

**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)
Natale Brittany Marie		
2. Other Names Used (include Maiden Name)	Results (Granted / Denied - attach all documentation)	
3. Address in the United States (Street Number and Name) (Apt. Number)	12. Date of First Entry into the U.S. (mm/dd/yyyy)	
123 Dream Street	09/05/2012	
(Town or City) (State/Country) (ZIP Code)	13. Date of Last Entry into the U.S. (mm/dd/yyyy)	
Austin TX USA 78705	09/05/2012	
4. Country of Citizenship/Nationality	14. How did you last enter the U.S. (Wave through OR Visa)	
Mexico	Wave through OR Visa	
5. Place of Birth (Town or City) (State/Province) (Country)	15. Current Employment Status (Visitor, Student, etc.)	
Mexico City Mexico Mexico	DACA Applicant	
6. Date of Birth (mm/dd/yyyy)	16. In the "Who May File Form I-765?" section of the instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. (For example, (a)(8), (c)(17)(iii), etc.).	
04/30/1986	(c) (33) ()	
7. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. If you entered the Eligibility category, (c)(3)(C), in Question 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 checked="" 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) (leave blank if no valid SS#)		
[leave blank if no valid SS#]		
10. Alien Registration Number (A-Number) or Employment Authorization Number		
11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (If "Yes," complete Form I-765, Application for Employment Authorization) <input checked="" type="checkbox"/> No		

Certification

Your Certification: I declare, 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 applying for. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in **Question 16**.

Signature *client* **SIGN HERE** Telephone Number 512-232-1292 Date 09/05/2012

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
Denise Gilman	727 E. Dean Keeton St., Austin, TX 78705	<i>Your Signature</i>	09/05/2012
University of Texas Law School Immigration Clinic SIGN HERE			
Remarks	Initial Receipt	Resubmitted	Relocated
			Rec'd Sent Approved Denied Returned