

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 _____		

☐ Application Approved. Employment Authorized / Extended (*Circle One*) until \_\_\_\_\_ (Date).  
 Subject to the following conditions: \_\_\_\_\_ (Date).  
 Application Denied.  
☐ Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).  
☐ 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) _____ Trinity University, 1 Trinity Pl. Box 100 (Town or City) _____ (State/Country) _____ (ZIP Code) _____ San Antonio TX 78212-7200	12. Date of Last Entry into the U.S. (mm/dd/yyyy) _____	
4. Country of Citizenship/Nationality _____	13. Place of Last Entry into the U.S. _____	
5. Place of Birth (Town or City) _____ (State/Province) _____ (Country) _____	14. Manner of Last Entry (Visitor, Student, etc.) _____	
6. Date of Birth (mm/dd/yyyy) _____ 7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	15. Current Immigration Status (Visitor, Student, etc.) _____	
8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	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.). Eligibility under 8 CFR 274a.12 ( c ) ( 3 ) ( B )	
9. Social Security Number (Include all numbers you have ever used) (if any) _____	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. 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 _____	
10. Alien Registration Number (A-Number) or I-94 Number (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		

**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

