F-1 Student OPT Information Verification Form

Personal Information

Name:	Tech ID:	
Current residential street add	lress:	
Street Address		
City	State	Zip Code
Current e-mail address:	Cell phone number:	
Current Employment Infor	mation	
Name of employer:		
Employer E-Verify # (STEM-E	extension Students Only):	
Address of employer:		
Street Address		·····
City	State	Zip Code
Start date:	Telephone number of employer:	
Job Title: Brief Job Description:		1:
Past Employers: (Please list all p	ast OPT employment along	with start and end dates of work)
lave you changed your visa s	tatus? If so	o, to what status?
Please check the blank below if the st	atement applies to your situation	on:
		completing my OPT. If you check this
blank, your I-20 will be completed. Ple	ease contact me if you do plan f	to return to the U.S. on OPT.
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