Select one of the two USCIS addresses   Your Full Name
below based on your delivery method: C/O Aida Neary or Your Friend's Name (if applicable)
For U.S. Postal Service: Street Name and Number on the I-765
USCIS Dallas Lockbox   City, State, Postal Code on the I-765
PO Box 660867
Dallas, TX 75266
        or
For Express Mail or Courier Service (FedEx, UPS):
USCIS
Attn: AOS
2501 S. State Hwy. 121, Business Suite 400
Lewisville, TX 75067

Date: October 8, 2015

To whom it may concern,

I, Your Full Name (SEVIS ID#: N0000123456 / I-94 No: 61234567890) would like to apply for a PartTime/Full-Time Pre/Post-Completion Optional Practical Training starting from mm/dd/yyyy to mm/dd/yyyy.

Please find enclosed following documents for consideration of my request for Optional Practical Training:
1. Original Form I-765 signed and dated.
2. Completed Form G-1145
3. Photocopy of my Salve Regina University current I-20 endorsed for OPT/
4. Photocopies of all previous I-20s
   I cannot locate my I-20 from X Institution. I attended X Institution from mm/dd/yyyy to mm/dd/yyyy.
5. Photocopy of my passport photo and information page, and all my U.S. visas.
6. Photocopy of my current electronic I-94 record
7. Check or Money order for $380 made payable to "U.S. Department of Homeland Security."
8. Envelope with 2 passport sized photographs, with my name and SEVIS ID number written in pencil on the back.
9. (If applicable) A photocopy of my previous EAD card.
   I cannot locate my previous EAD card. I was previously on Part-Time/Full-Time Pre/Post Optional Practical Training from mm/dd/yyyy to mm/dd/yyyy.

(Note: Please include the following if you would like the completed EAD card to be sent to a friend's address of the Office of International Services)
Please send my completed EAD card to the following address: Your Full Name
                                                          C/O Aïda G. Neary or your friend's name
                                                          International Student Advisor
                                                          100 Ochre Point Avenue
Sincerely,   Newport, RI 02840

YOUR SIGNATURE
Your Full Name
Telephone:
Email: