

Do not write in this block.

Remarks	Action Block	Fee Stamp
<p>A#</p> <p>Applicant is filing under §274a.12</p> <p><input type="checkbox"/> Application Approved, Employment Authorized (Date). <input type="checkbox"/> Application Approved, Employment Not Authorized (Date).</p> <p>Subject to the following conditions: Application Denied.</p> <p><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)</p>		

For the online I-765 form, instructions, and fee amount, go to: <http://www.uscis.gov/portal/site/uscis/menuitem.5af9bb95919f35e66f614176543f6d1a/?vgnnextoid=73ddd59cb7a5d010VgnVCM10000048f3d6a1RCRD&vgnnextchannel=db029c7755cb9010VgnVCM10000045f3d6a1RCRD>

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 (Name in CAPS) (First) (Middle) (Last) Which USCIS office? Date(s)

ROSE Laila Zoe

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) 12. Date of Last Entry into the U.S. (mm/dd/yyyy)

123 Azania Lane A-23 01/04/2010

(Town or City) (State/Country) (ZIP Code) 13. Place of Last Entry into the U.S.

Addyville NC 27695 Brianville, WA

4. Country of Citizenship/Nationality 14. Manner of Last Entry (Visitor, Student, etc.)

Germany F-1 Student

5. Place of Birth (Town or City) (State/Province) (Country) 15. Current Immigration Status (Visitor, Student, etc.)

Henrytown Rebeccaton France F-1 Student

6. Date of Birth (mm/dd/yyyy) 7. Gender 16. Go to Part 2 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.)

03/20/1988 Male Female

8. Marital Status Married Single Widowed Divorced

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.

123-45-6789

10. Alien Registration Number (A-Number) or I-94 Number (if any)

123456789 10

11. Have you ever before applied for employment authorization from USCIS? Yes (If "Yes," complete below) No

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: _____

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: Laila Rose Telephone Number: 919-123-4567 Date: 03/19/2010

SIGN HERE

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

