For initial OPT, check 1.a.

Fill in your full legal names as listed on your passport. If you do not have a middle name, leave box blank.

Leave this section blank unless you have used another name for business or legal purposes.

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### Part 1. Reason for Applying

I am applying for (select only one box):

1. a. Initial permission to accept employment.
1. b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.
   - NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to Replacement for Card Error in the What is the Filing Fee section of the Form I-765 Instructions for further details.
1. c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

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### Part 2. Information About You

#### Your Full Legal Name

1. a. Family Name (Last Name)
   - Barstow
1. b. Given Name (First Name)
   - Tamara
1. c. Middle Name
   - Jane
Part 2. Information About You (continued)

12. Have you used a I-765 form before, for OPT or another work card? (Not CPT)

If 13a is “yes,” answer 13b, then skip to 18A. If “no,” answer 14-17b.

13a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?  

NOTE: If you answered “No” to Item Number 13a, skip to Item Number 14. If you answered “Yes” to Item Number 13a, provide the information requested in Item Number 13b.

14. Do you want the SSA to issue you a Social Security card? (You must also answer “Yes” to Item Number 15. Consent for Disclosure, to receive a card.)  

NOTE: If you answered “No” to Item Number 14, skip to Part 2, Item Number 18a. If you answered “Yes” to Item Number 14, you must also answer “Yes” to Item Number 15.

15. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.  

NOTE: If you answered “Yes” to Item Numbers 14 - 15, provide the information requested in Item Numbers 16a - 17b.

15a. Is the person who furnished information on this application aware that I am applying for an SSN?  

15b. Is the person aware that I plan to work in the United States?  

16. Provide your further identification.

16a. Family Name (Last Name)

16b. Given Name (First Name)

17. Provide your further identification.

17a. Family Name (Last Name)

17b. Given Name (First Name)

18. List all countries of citizenship or nationality.

18a. Country

18b. Country

Leave 8 & 9 blank.

Address to which your receipt and EAD will be mailed. Should be valid at least 4 months. Government mail is not forwarded.

You can use the OIP address, if you prefer.

15, 16, 17. Answer only if requesting SSN.

18. List all countries of legal citizenship.
If you need to reprint I-94, go to https://i94.cbp.dhs.gov/I94/

21b-23 refer to passport info. Leave 21c blank.

(c)(3)(B) = post-completion OPT

Skip 28 - 31
Hand sign in black ink, no typed or digital signatures.
Leave pages 5 & 6 blank unless someone is preparing this form for you. Include all pages in the application package, even if blank.
Preparer’s Statement

7.a. □ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. □ I am an attorney or accredited representative and my representation of the applicant in this case ☐ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited any need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer’s Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Declaration and Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer’s Signature

8.a. Prepare’s Signature

8.b. Date of Signature (mm/dd/yyyy)
Leave Part 6 blank, unless:

In the past you had an I-20 with a different SEVIS number from the one you have now. If so, give the previous number.

OR

You have had CPT or OPT. If so, give educational level, CPT or OPT, part-time or full-time and authorization dates.