

J-2 Employment Authorization Packet

OSU Office of International Students and Scholars

Eligibility

J-2 visa holders are eligible to receive authorization for employment in the United States from the United States Citizenship and Immigration Services (USCIS). As this authorization is dependant on the status of the J-1 visa holder, it will be granted only for the duration of the program as described on the most recently issued DS-2019 form. The dates on the Employment Authorization Document, or "EAD card", will be the approved dates for authorized employment. **NO OTHER DATES WILL BE VALID.** Employment is not authorized until the Employment Authorization Document (EAD) has been received. The EAD card is the picture ID that should be shown to an employer to verify employment authorization.

Procedures

The following documents are required in order to apply for employment authorization

- | | |
|---|---|
| <input type="checkbox"/> I-765 Form. (Included in this packet) | <input type="checkbox"/> 2 photographs |
| <input type="checkbox"/> Current Forms DS-2019 for J-1 and J-2 | (See instructions in packet) |
| <input type="checkbox"/> I-94 Card - arrival/departure record
(the small white card or print-out) | <input type="checkbox"/> Letter of Request |
| <input type="checkbox"/> Passport – Visa page | (See sample in packet) |

Instructions

Detailed instructions and required documentation for the I-765 form are included in this packet. Follow directions carefully in order to avoid processing delays.

This packet explains the first step to filing for an EAD card. Changes, exceptions, and/or additions to required documents and procedures could occur. You are encouraged to contact ISS if you have questions.

For best results, organize documents for mailing in the order listed below with item #1 on top.

1. _____ **\$410.00 fee** Payable to U.S. Citizenship and Immigration Services (USCIS). Either a personal check or a money order is acceptable. **NO CASH.**
2. _____ **Two photographs (print name on back of photos)**
Please note specifications for the photographs as given in the instructions for the I-765 form and the photograph instruction sheet in this packet. The photos should be placed in a small envelope and attached to the application (do not let the staple puncture photos when attaching to application). Do not cut or trim photos.
3. _____ **Completed I-765 Form**
Item #3 If you would like your EAD receipt and card sent to the ISS Office, please list the address as the following:

**250 Student Union
Stillwater, OK 74078**

Item #16 write (c) (5) ()

(Continued on next page)

4. _____ **Photocopies of previous EAD(s)**
Send if applicable.
5. _____ **DS-2019 Forms – Photocopies**
Copies of both J-1's and J-2's DS-2019 forms.
Form G-1145 – You may submit the bottom of this form with your application so you can receive an email or text message when your OPT packet has been received. Attach to the top of the I-765.
6. _____ **I-94 – Photocopy**
A copy of both sides of the paper white card of the I-94. Or print the entire page of the electronic I-94 which can be printed out at <https://i94.cbp.dhs.gov>
7. _____ **Copy of Visa Page**
Make a slightly enlarged colored photocopy of your valid visa page in your passport. If the visa has expired, you need to include a colored copy of your driver's license or passport biographical page. FedEX, in the basement of the Student Union, is a convenient location to make these copies.
8. _____ **Letter**

It is suggested that all of the above should be sent by priority mail with a delivery confirmation through the US Postal Service (pay the applicable charge for a tracking number – do not send by certified mail or Federal Express). Documents should be mailed to:

If using USPS:

USCIS
PO BOX 660867
Dallas, TX 75266

If using FedEX:

USCIS Attn: AOS
2501 S. State Hwy. 121 Business
Suite 400
Lewisville, TX 75067

You should receive a receipt notice within 3-4 weeks after mailing. Keep this receipt for inquiry about the application. Note that changing your address after submitting your application may delay receipt of the CIS decision. However, to record a change of address or correction of name, call **(800) 375-5283 to reach the National Customer Service Center**. You will need to be very patient and remain on hold. Eventually you will get to talk to an Information Officer. You may also bring the corrections to the attention of the ISS and we will try to communicate with the Service Center. After receiving your receipt notice you may check your case status online by going to www.uscis.gov and selecting the "Case Status Online" link (Right hand side of the website.)

Approval and issuance of the EAD card may take 70-90 days. **The card will be mailed to the address you entered on the I-765 form. As mail from USCIS will not be forwarded to a new address, you are encouraged to use the ISS address – 250 Student Union, Stillwater, OK 74078. If you use the address for ISS, please complete the EAD Card Mailing Request Form and leave at ISS.**

Upon receipt of the EAD the ISS will contact you as directed on this form. You will have the option to pick up the EAD card in person, or obtain the card using E-ship. You can set up your E-ship account here: <https://study.eshipglobal.com/> For more information on the E-Ship process please visit our website here: <http://iss.okstate.edu/optional-practical-training-opt>. Friend or Family pick-up will not be allowed.

Sample Letter for Requesting J-2 Employment Authorization

OSU Office of International Students and Scholars

Your Name
Address

United States Citizenship & Immigration Services
PO BOX 660867
Dallas, TX 75266

Date

To Whom It May Concern:

I am applying for employment authorization as a J-2 dependant.

My spouse's DS-2019 form shows a total \$xx,xxx of support. Of this total amount, \$x,xxx goes to the university for tuition and fees. We pay approximately \$xxx in income tax and \$xxx for health insurance. This leaves only \$xxx for our living expenses. Our monthly budget is as follows:

Rent	\$ xxx.xx
Food	\$ xxx.xx
Utilities	\$ xxx.xx
Miscellaneous	\$ xxx.xx
Total	<u>\$ xxx.xx</u>

As this budget shows, we have enough to live modestly, but there are no funds left for expenses that are not essential. It is for these non-essential costs, such as travel, extra clothing, improved furnishings and gifts to send home that I desire to be employed. I clearly understand that my earnings are not to be used for the support of my J-1 spouse.

Thank you for your attention to my request for employment authorization.

Sincerely,

Signature

Name



Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 05/31/2020

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block

	<input type="checkbox"/> Authorization/Extension Valid Through		

Alien Registration Number A- <input type="text"/>			
Remarks			

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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▶ **START HERE - Type or print in black ink.**

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.)

Part 2. Information About You

Your Full Legal Name

1a. Family Name (Last Name)

1b. Given Name (First Name)

1c. Middle Name

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

Additional Information.

2a. Family Name (Last Name)

2b. Given Name (First Name)

2c. Middle Name

3a. Family Name (Last Name)

3b. Given Name (First Name)

3c. Middle Name

4a. Family Name (Last Name)

4b. Given Name (First Name)

4c. Middle Name

Part 2. Information About You (continued)

Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
[]
- 5.b. Street Number and Name []
- 5.c. Apt. Ste. Flr. []
- 5.d. City or Town []
- 5.e. State [] 5.f. ZIP Code []
(USPS ZIP Code Lookup)
6. Is your current mailing address the same as your physical address?
 Yes No

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

- 7.a. Street Number and Name []
- 7.b. Apt. Ste. Flr. []
- 7.c. City or Town []
- 7.d. State [] 7.e. ZIP Code []

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- []
9. USCIS Online Account Number (if any)
▶ []
10. Gender Male Female
11. Marital Status
 Single Married Divorced Widowed
12. Have you previously filed Form I-765?
 Yes No
- 13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
 Yes No

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

13.b. Provide your Social Security number (SSN) (if known).
▶ []

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.)
 Yes No

NOTE: If you answered "No" to **Item Number 14.**, skip to **Part 2., Item Number 18.a.** 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.
 Yes No

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

Father's Name

Provide your father's birth name.

- 16a. Family Name (Last Name) []
- 16b. Given Name (First Name) []

Mother's Name

Provide your mother's birth name.

- 17a. Family Name (Last Name) []
- 17b. Given Name (First Name) []

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information.**

- 18a. Country []
- 18b. Country []

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19a. City/Town/Village of Birth

19b. State/Province of Birth

19c. Country of Birth

20. Date of Birth (mm/dd/yyyy)

Information About Your Last Arrival in the United States

21a. Form I-94 Arrival-Departure Record Number (if any)
▶

21b. Passport Number of Your Most Recently Issued Passport

21c. Travel Document Number (if any)

21d. Country That Issued Your Passport or Travel Document

21e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

23. Place of Your Last Arrival Into the United States

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
▶ N-

Information About Your Eligibility Category

27. Eligibility Category. Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).
() () ()

28. (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28a. Degree

28b. Employer's Name as Listed in E-Verify

28c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.
▶

30. (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?
 Yes No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.
▶

31b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?
 Yes No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
2. At my request, the preparer named in **Part 5.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)
6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

- 7.a. Applicant's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1a. Interpreter's Family Name (Last Name)
- 1b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's Mobile Telephone Number (if any)
- 6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7a. Interpreter's Signature
- 7b. Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Preparer's Contact Information

- 4. Preparer's Daytime Telephone Number
- 5. Preparer's Mobile Telephone Number (if any)
- 6. Preparer's Email Address (if any)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant
(continued)

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 ay 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

8a. Preparer's Signature

8b. Date of Signature (mm/dd/yyyy)

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. _____

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____



e-Notification of Application/Petition Acceptance

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-1145

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [[DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File \(A-File\) and Central Index System \(CIS\)](#)], which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name	Applicant/Petitioner Full First Name	Applicant/Petitioner Full Middle Name
Email Address		Mobile Phone Number (Text Message)

