Write ONE of the two USCIS addresses Your Full Name

below based on your delivery method: Street Name and Number on the I-765

**For U.S. Postal Service:**  City, State, Postal Code on the I-765

USCIS Dallas Lockbox

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To whom it may concern,

I, *[Your Full Name (SEVIS ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_ / I-94 No:\_\_\_\_\_\_\_\_\_\_\_\_\_) ]* would like to apply for Full-Time 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 Lasell College current I-20 endorsed for OPT
4. Photocopies of all previous I-20s

*(If applicable): I cannot locate my I-20 from \_\_\_\_\_\_\_\_\_\_\_\_\_\_. I attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from mm/dd/yyyy to mm/dd/yyyy].*

1. Photocopy of my passport photo and information page, and all of my U.S. visas

*(If applicable): I cannot locate my \_\_\_ U.S. visa. I was issued this visa in \_\_\_\_\_\_.*

1. Photocopy of my current electronic I-94 record
2. Check for $410 made payable to “U.S. Department of Homeland Security”
3. Envelope with 2 passport sized photographs, with my name, SEVIS ID number, and I-94 number written in pencil on the back.
4. *(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 the Office of International Services or a friend’s address.

Please send my completed EAD card to the following address:

Your Full Name

C/O Sarah Driscoll or your friend’s name

1844 Commonwealth Avenue

Newton, MA 02466

Sincerely,

YOUR SIGNATURE

Your Full Name

Telephone:

Email: