

# I-765 Employment Authorization Renewal Form

## Personal Information

Family Name (Last Name):

Given Name (First Name):

Middle Name:

Date of Birth (mm/dd/yyyy):

U.S. Social Security Number:

## Contact Information

Mailing Address:

City or Town:

State:

ZIP Code:

## I-765 Renewal Information

Alien Registration Number (A-Number):

Previous EAD Card Number:

Eligibility Category (e.g., (c)(3)(C)):

## Signature

Applicant's Signature:

Date (mm/dd/yyyy):