

# Employment Authorization Revocation Notice

Date:

Recipient Name:

Recipient Address:

Dear ,

This notice is to inform you that your Employment Authorization Document (EAD), issued under the authorization number , has been revoked effective immediately as of the date listed above.

The reason for revocation is as follows:

As a result, you are no longer authorized to work in the United States under the aforementioned authorization. Please surrender your EAD to the issuing office within 15 days of this notice.

If you believe this revocation was made in error or if you wish to appeal, you may contact our office at:

Sincerely,

Immigration Services Officer

Department/Agency: