

Asylum Seeker Employment Authorization Request

Full Name:

Date of Birth:

Country of Origin:

Alien Registration Number (A-Number), if any:

Asylum Case Number (if applicable):

Current Address:

Phone Number:

Email Address:

Have you previously applied for employment authorization in the U.S.?

☐ Yes ☐ No

If yes, please provide details:

Signature:

Date:

Submit Request