



Intake Date: _____
Intake Initials: _____

OPT EMPLOYEE ADDRESS FORM

Today's Date: _____	
LAST NAME: _____	First Name: _____
Student ID #: C000 _____	Date of Birth: _____
E-mail: _____	Telephone #: () _____

SECTION 1) CURRENT U.S. ADDRESS – Must be where you live. NO PO BOXES accepted.

Number & Street _____ Apt. # _____

City _____ State _____ Zip Code _____

Phone _____

E-mail (please print CLEARLY): _____ @ _____

If you have NOT received your OPT card yet, did you use a different address for your OPT Application (I-765)? __ Yes __ No

If Yes, please provide OPT Card - Mailing address in Section 2 below

SECTION 2) OPT CARD – MAILING ADDRESS*

If you **have not received your OPT card yet, please provide the mailing address you gave immigration when you applied for OPT. If you already have your OPT card, do not fill out this section.*

Number & Street: _____ Apt # _____

City _____ State _____ Zip Code _____

SECTION 3) OPT EMPLOYER – REQUIRED of all students who have been approved for OPT (or who have received an official job offer.)

If you are currently unemployed, check here (**NOTE:** You are required to actively seek employment during OPT.)

If you are currently employed, please provide the physical address of where you go to work.

Company/Organization Name: _____

Employer Name: _____

Number & Street: _____

City _____ State _____ Zip Code _____

SECTION 4) I understand that while on OPT, I am required to inform the International Center of: 1) Any change to my own address, phone number, and email; 2) My employer's name/address; and 3) any changes to my employment situation/ if I am unemployed.

Signature _____ Date _____

OFFICE USE ONLY: Date entered into FSA: _____	Initials: _____
<small>*If student reports an OPT Mailing address =LOCAL in fsaATLAS and batch to SEVIS. Where a student lives =Alternate Address in fsaATLAS.</small>	