Optional Practical Training (OPT) Mail Waiver

This form is to be completed by students applying for OPT or STEM OPT who are requesting to use the OIS address as the return address on their Form I-765. It is not required that you use the OIS address as the return address on the I-765. Please check all boxes below, sign and date this form to confirm that you understand the OIS role in handling mail received under your name. For this form “I” refers to you, the student completing this request.

Please check all the boxes below:

☐ I understand that if I answered “Yes” to the question “Do you want the SSA to issue you a Social Security card?” on my I-765, I may not use OIS’s address on my I-765.

☐ I understand that by completing this form I am requesting permission to use the OIS mailing address as my U.S. mailing address on Form I-765.

☐ I understand that the OIS mailing address is OIS, NC State University, Campus Box 7222, Raleigh, NC 27695.

☐ I understand that I am requesting OIS to receive correspondence from USCIS on my behalf. This correspondence may include a receipt notice, request for evidence, EAD card and any other materials mailed from USCIS to OIS on my behalf.

☐ I authorize OIS to open and photocopy any correspondence from USCIS for recordkeeping purposes.

☐ I understand that there may be a delay between when my USCIS case status indicates that my correspondence has been delivered and when OIS actually receives such correspondence due to USPS and campus mailing procedures.

☐ I understand that OIS will contact me by email within 3 business days of receiving correspondence from USCIS and that it is my responsibility to ensure that my most up-to-date contact information is listed in MyPack portal.

☐ I understand that by signing this document I waive OIS of any responsibility for lost, damaged or otherwise unobtainable mail that is sent from USCIS on my behalf and that if I must apply for a replacement EAD I am responsible for all fees associated with the replacement application.

Signature________________________________________  Date:_______________________

Family Name:________________________________________________________________

First Name:__________________________________________________________________

Campus ID Number:___________________________________________________________