

Optional Practical Training (OPT) Validation

Student's Name:

Student's Current Address:

City:

State:

Zip Code:

Employer's Name:

Employer's Address:

City:

State:

Zip Code:

Employment Start Date:

Dates of Unemployment:
(mm/dd/yy) to (mm/dd/yy)

ISSS File Location (UP or BBC):

If you have not yet submitted it to ISSS, please attach a photocopy of your Employment Authorization Document (OPT Card). Thank you.