OPT Validation and Information Report

International Student Services QLC Rm. 206 University of Hawaii at Manoa Honolulu HI 96822
Fax: 808 956-5076 email: optform@hawaii.edu

For ISS completion: Due dates for 6-month Validation Report.
Original 12 month OPT:_____ _____
During STEM extension: _____ _____ _____
ISS Adviser initial:_____

Name: _____ SEVIS ID#: N000_____

Email: _____@hawaii.edu Alternative Email: _____

This is: ___6-month Validation Report ___Change of Information Report. (specify your changes below).
___Departure Report. I am abandoning OPT and will leave the US on _____(date)

Current/New US address:_____
Street City State Zipcode

Note: Fax or send a scanned copy of your EAD (I-766) to the ISS within 10 days of its receipt.

1st Employer's Name:_____

Employer's Address:_____
Street address City State Zipcode

Work address if not same as above:_____

Start date:_____ Termination Date:_____ E-Verify ID #: _____
(if applicable)

2nd Employer's Name:_____

Employer's Address:_____
Street address City State Zipcode

Work address if not same as above:_____

Start date:_____ Termination Date:_____ E-Verify ID #: _____
(if applicable)

(Attach information on additional employers on another page in same format.)

OPT Responsibilities Certification (type or sign name and date each time you submit) :

- I understand it is my responsibility to stay in close contact with the ISS during OPT, and that the ISS will use my official Hawaii.edu.email address to contact me. I agree to regularly check this email account during OPT.
- I will use this form to report to the ISS within10 days any change in my legal name, my US or Permanent Home Country mailing address,and/or my employer during OPT. I will provide ISS with a copy of my OPT EAD (I-766). I will report my permanent departure from the US to the ISS.
- I understand the ISS has the right to contact employers to verify my employment information.
- I understand that failure to stay in close contact with the ISS and to file timely validation, change, and/or departure reports during OPT may result in my SEVIS record being terminated by school or SEVIS automatic process.

_____ _____
Printed Name or Signature **Date**