



**Eligibility** \_\_\_\_\_

In order to request the University of Texas Health Science Center at Houston's E-Verify Identification Number, you must be currently employed by UTHSC-H or have proof of a job offer.

**Section I: Student Information** \_\_\_\_\_

LAST/FAMILY NAME \_\_\_\_\_ First/Given Name \_\_\_\_\_ Middle \_\_\_\_\_

U.S. Residential Address: Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ E-mail Address \_\_\_\_\_

F-1 Sponsoring Institution \_\_\_\_\_

Current OPT start and end dates: \_\_\_\_\_  
OPT Start Date (MM/DD/YYYY) \_\_\_\_\_ End Date (MM/DD/YYYY) \_\_\_\_\_

**I hereby request the E-Verify Information from the University of Texas Health Science Center at Houston in order to apply for the 17-month OPT STEM extension request.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Please allow a minimum of 5 business days to process your request.



\*\*\*\*\* For UTHSC-H Office of International Affairs Use Only \*\*\*\*\*

**Section II: UTHSC-H E-Verify Information** \_\_\_\_\_

Name as listed in E-Verify \_\_\_\_\_

E-Verify Identification Number \_\_\_\_\_

International Advisor's Signature: \_\_\_\_\_

International Advisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_