

To: Social Security Administration
From: St. Cloud State University
Re: Verification of F-1 Student's Employment on Campus

SECTION 1: Information from Employing Department

This is evidence of on-campus employment for: _____
(Full name of F-1 student: First Middle Last)

F-1 Student's SCSU ID# (8-digits): _____

Employing department: _____

Nature of student's job (e.g., wait staff, library aide, research assistant, etc.):

Start Date: _____ Number of Hours/Week: _____

Employer contact information: _____
(Employer Identification Number (EIN))

(Employer Telephone Number)

(Student's Immediate Supervisor)

Employer Signature (original, in ink): _____

Employer Name (typed or printed clearly): _____

Signatory's Title (typed or printed clearly): _____

Date: _____

SECTION 2: Verification of employment from International Student and Scholar Services

Date Student can go to Social Security Office

Typed or printed name (Designated School Official)

Phone

Designated School Official – Original Signature (no stamps)

Date