

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: \_\_\_\_\_  
(Name – F-1 Student)

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): \_\_\_\_\_

Employer Name (Print clearly): \_\_\_\_\_

Signatory's Title: \_\_\_\_\_

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 \_\_\_\_\_