

Social Security Employer Authorization Letter

To whom it may concern:

This is evidence of on-campus employment for: _____
(Name-F-1 Student)

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): _____

Signatory's Title : _____

Date : _____