

VERIFICATION OF J-1 EXCHANGE STUDENT
ELIGIBILITY FOR SOCIAL SECURITY NUMBER

TO: Social Security Administration Field Office
4954 Southpoint Parkway
Fredericksburg, VA 22407

RE: _____
Name of J-1 Exchange Student

DATE: _____

I certify that the student named above is engaged full-time in a prescribed course of study at the University of Mary Washington, is in compliance with the terms and conditions of J-1 Exchange Visitor Status, and is eligible for issuance of a social security number on the basis of authorization for Academic Training.

Name of Responsible Officer

Signature of Responsible Officer