

VERIFICATION OF F-1 STUDENT ELIGIBILITY FOR SOCIAL SECURITY NUMBER

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

RE: _____
Name of F-1 Student

I. VERIFICATION OF ON-CAMPUS EMPLOYMENT:

Job Title/Duties: _____

UMW Department/Office: _____

UMW EIN: 54-6001757

Employment Start Date: _____

Number of Hours/Week: _____

Name/Title of Supervisor

Supervisor Phone Number

Signature of Supervisor

Date

To be completed by The Center for International Education

II. VERIFICATION OF F-1 STATUS:

I certify that the student named above is enrolled as a full-time student at the University of Mary Washington, is in compliance with the terms and conditions of F-1 status and is eligible for issuance of a social security number on the basis of the specified on-campus employment.

Name/Title of Designated School Official (DSO) Phone Number

Signature of Designated School Official (DSO) Date