

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 Student status and is eligible for issuance of a social security number on the basis of authorization for on-campus employment.

\_\_\_\_\_  
Name and Title of Responsible Officer

\_\_\_\_\_  
Signature of Responsible Officer