

## On-Campus Employment Verification for Social Security Application

Department: Please complete form and **print on department letterhead**

Student: Take completed form to the CGE for signature before going to the Social Security office

To Whom It May Concern:

### This is evidence of on-campus employment for:

Last Name:  First Name:  Middle Name:

Address:

City:  State:  Zip Code:

Date of Birth:  (ex. (mm/dd/yyyy)) FSU Department:

Nature of Student's job (e.g. computer lab staff, library aide, research assistant, etc.):

Start Date:  Number of Hours/Week:

Department/Employer Contact Information:

Employer Identification Number (EIN): 59-1961248

Department/Employer Telephone Number:

Student's Immediate Supervisor:

Supervisor/Employer Signature (Original):

Signatory's Title:  Date:

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### For FSU Center for Global Engagement Use:

Endorsement by Designated School Official (DSO):

\_\_\_\_\_ is an F-1 student attending Florida State University. He/she is authorized to work on campus.

DSO:

- Zhe Tan Edgerton       Kristen Hagen       Nathan Duddles  
 Leesa Truesdell       Tanya Schaad  
 Quinn O'Brien       Tonya Caliph

Center for Global Engagement  
Phone: 850-644-1702  
Email: [cge@fsu.edu](mailto:cge@fsu.edu)

Signature:

Date: