

## SSN Form for On-Campus Employment

**Employer:** Please complete form and **print on employer letterhead**

**Student:** Submit the completed form to the CGE for signature before going to the Social Security Administration 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*)

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

Start Date:  Number of Hours/Week:

### Employer Contact Information:

Campus Employer Identification Number (EIN):

Employer Telephone Number:

Student's Immediate Supervisor:

Employer Signature:

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:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Angelique Stevens | <input type="checkbox"/> Kristen Hagen | <input type="checkbox"/> Quinn O'Brien   |
| <input type="checkbox"/> Betty Jensen      | <input type="checkbox"/> Tanya Schaad  | <input type="checkbox"/> Michelle Lawson |
| <input type="checkbox"/> Jared Tirone      | <input type="checkbox"/> Tonya Caliph  |  |

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

Signature:

Date: