

SSN Form for On-Campus Employment

Department: Please complete form and **print on employer 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))

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:

FSU Employer Identification Number (EIN): 59-1961248 Other On-Campus Employer EIN:

Department/Employer Telephone Number:

Student's Immediate Supervisor:

Employer Signature (Original):

Signatory's Title: Date:

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:

- Angelique Stevens Kristen Hagen Quinn O'Brien
 Betty Jensen Tanya Schaad
 Jared Tirone Tonya Caliph

Center for Global Engagement
Phone: 850-644-1702
Email: cge@fsu.edu

Signature:

Date: