SAMPLE LETTER FROM THE ON-CAMPUS EMPLOYER

(The letter should be typed on official department letterhead and contain the employer’s original signature)

Social Security Administration

To Whom It May Concern:

This is to verify that ______________________________________________________________

                                                                                   Student’s Name

has been offered on-campus employment (or is already working as a student assistant or a graduate assistant).

Nature of Student’s Job: __________________________________________________________

Department of Employment: ________________________________________________________

Start Date: _____________________________      Number of Hours/Week: ____________

Employer’s Contact Information: ID 34-6002924

Employer Identification Number (EIN)

__________________________

Employer’s Telephone Number

__________________________

Student’s Immediate Supervisor

Employer Signature (Original): _______________________________________________________

Signatory’s Title: ________________________________________________________________

Date: ________________________________