College Name
DEPARTMENT OR
ACADEMIC UNIT NAME
Campus Address
Iowa City, Iowa 52242-0000
319-385-5632 *Fax* 319-385-5631

VERIFICATION OF ON-CAMPUS EMPLOYMENT TO OBTAIN A US SOCIAL SECURITY NUMBER (F-1 STUDENT)

To Whom It May Concern:

This letter is evidence of on campus employment for the following F-1 student:

Name of Student: STUDENT'S OFFICIAL NAME AS ON I-20 FORMS

Nature of student's job: _x_graduate assistant (teaching or research assistant)
__student hourly employee

Start date: January 1, 2005

Anticipated number of hours per week: 20

Employer Contact Information:

Employer.....The University of Iowa
EIN.....42-6004813
Employing Department.....Name of Department
Employing Department Contact.....HR Representative
Telephone Number.....319-335-0000

Signature of Department Contact: _____

Date: November 1, 2004

SAMPLE

Do not provide this letter to students before their first day of employment.