



College Name
DEPARTMENT OR
ACADEMIC UNIT NAME
Campus Address
Iowa City, Iowa 52242-5500
319-000-0000 Fax 319-000-0000

On-Campus Employment Verification for Student to Obtain a U.S. Social Security Number

Date (when letter is being prepared; **post-dated letters not allowed**)

To Whom It May Concern:

This letter is evidence of on-campus employment for the following (specify F-1 or J-1) student.

Name of Student: (student's official/legal name exactly as displayed on I-20 or DS-2019)

Nature of Student's Job: (select one)
• Graduate Assistant (includes teaching or research assistant)
• Student Hourly Employee

Employment Start Date: (on-campus employment must begin before providing letter)

Number of Hours Per Week: 20 (maximum hours allowed during fall & spring semesters)

Employer Information:

Employer The University of Iowa
EIN 42-6004813
Employing Department (department name)
Employing Department Contact (HR representative)
Contact's Campus Phone (HR representative or person providing letter)
Contact's Campus Email (HR representative or person providing letter)

Department Contact

Signature Name Date

(Social Security Office requires a handwritten "wet" signature created by person providing letter, using physical pen and ink.)

Student must begin working before requesting Employment Verification Letter.
This letter must be issued to student only on or after the first day of employment.