**To: The U.S. Social Security Administration**

The following student is in F-1 non-immigrant status at Wabash College. This student has been offered on-campus employment (see details below) and is authorized for this employment under the regulations governing F-1 status found at 8 CFR 214.2(f)(9)(i).

**STUDENT INFORMATION—**TO BE COMPLETED BY STUDENT

First Name \_\_\_\_\_\_\_\_\_\_\_\_ Middle Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_

 Month Day Year

**EMPLOYMENT INFORMATION—**TO BE COMPLETED BY HIRING DEPARTMENT/ SUPERVISOR

Name of hiring department/office: \_\_\_\_\_

Address of employment: \_\_\_\_\_

Position/job title: \_\_\_\_\_

Brief description of job duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Identification Number (EIN): 35-0868202

(Anticipated or actual) employment start date: \_\_\_\_\_

(Anticipated) hours per week: \_\_\_\_\_

Sincerely, Sincerely,

Hiring Department/Supervisor (Signature) International Center Staff (DSO)

Hiring Department/Supervisor (Printed Name) Staff (Printed Name)

Title of Supervisor Designated School Official

 Telephone: 765-361-6078

Date Date