

DATE

To: Social Security Office

Re: Social Security Card for STUDENT NAME

The above-named student is enrolled as a full-time student in good standing at _____ College. The student will be employed on-campus, which is authorized by federal regulation, 8CFR 214.2(f)(9)(i).

The student will be working as a JOB TITLE in the OFFICE at COLLEGE. The student's work will include JOB DESCRIPTION.

I appreciate any assistance you are able to provide our student in obtaining a Social Security number.

Thank you for your assistance.

STUDENT ADVISOR
Designated School Official
COLLEGE