



Date: _____

To: Social Security Administration

EMPLOYMENT INFORMATION

Name of Student: _____

Position/Job Title: _____

Place of Employment: _____

Employer Identification Number (EIN): 53-0196603

Anticipated Employment Start Date: _____

Number of hours expected to work per week: _____

Supervisor Name/Title: _____

Supervisor Signature: _____

Supervisor Telephone/Email: _____

X DESIGNATED SCHOOL OFFICIAL

I write to verify that _____,

SEVIS # N _____, is an F-1 international student enrolled in a full-time course of study at Georgetown University.

If you have any questions, please contact me at (202) 687- 5867. Thank you for your assistance in issuing this student a Social Security number.

Sincerely,

Designated School Official
International Student & Scholar Services | Office of International Programs
1421 37th Street NW, Poulton Hall, 2nd Floor, Box 571013
Tel: 202.687.5867 | Fax: 202.687.5944