



To: Social Security Administration

From: Minnesota State University Moorhead
(EIN #41-1687554)

SECTION 1: Information from Employing Department

This is evidence of on-campus employment for:

(Student ID #)

(Student Name)

The employing campus department is _____

Job description (e.g., wait staff, library aide, research assistant, etc.): _____

Start Date: _____ Number of Hours/Week: _____

Supervisor Telephone Number _____

Student's Immediate Supervisor _____

Employer Signature (Original): _____

Employer Name (Print Clearly): _____ Title _____

SECTION 2: Verification of Employment from International Student Affairs

Designated School Official – Original Signature (no stamps) _____

Printed Name _____

Phone _____ Date _____