

<On Department Letterhead>

<Date>

Social Security Administration
1617 19th Avenue
Lewiston, ID 83501

To Whom It May Concern:

This is to certify that the F-1 student listed below is currently employed or will be employed at Washington State University according to the information given here:

Students Name: <_____>

Job title/description e.g. food handler, lab assistant, research assistant

Immediate Supervisor: <_____>

Telephone Number: <_____>

Employer ID number (EIN): **91-6001108**

Hours per week of work: <_____>
(Anticipated or actual)

Starting Date <_____>

Sincerely,

<Original Signature>

<Name of Department Official>

<Title>