



College Name

DEPARTMENT OR
ACADEMIC UNIT NAME

Campus Address

Iowa City, Iowa 52242-0000

319-385-5632 Fax 319-385-5631

VERIFICATION OF ON-CAMPUS EMPLOYMENT TO OBTAIN A US SOCIAL SECURITY NUMBER
(F-1 STUDENT)

To Whom It May Concern:

This letter is evidence of on campus employment for the following F-1 student:

Name of Student: STUDENT'S OFFICIAL NAME AS ON I-20 FORMS

Nature of student's job: ☒ graduate assistant (teaching or research assistant)
☐ student hourly employee

Start date: January 1, 2005

Anticipated number of hours per week: 20

Employer Contact Information:

Employer.....The University of Iowa
EIN.....42-6004813
Employing Department.....Name of Department
Employing Department Contact.....HR Representative
Telephone Number.....319-335-0000

Signature of Department Contact: _____

Date: November 1, 2004