



Office of International Students and Scholars

Date:

Social Security Administration
The McNamara Federal Building
477 Michigan Avenue, Room 1550
Detroit, Michigan 48202

To Whom It May Concern:

This letter serves to confirm that the student named below is currently employed with [department or campus unit] at Wayne State University.

NAME: _____

DATE OF BIRTH: _____

POSITION TITLE: _____

EMPLOYEE START DATE: _____ (MM-DD-YYYY)

HOURS: __ Hrs/week

SUPERVISOR NAME: _____

SUPERVISOR TELEPHONE: _____

Thank you for your assistance in issuing a U.S. Social Security number to this individual. If you have any questions, or need additional information, please contact me.

Thank you.

Sincerely,

Department Representative
Phone: (____)- ____ - _____