

Carleton College
One North College Street
Northfield, Minnesota 55057

To: Social Security Administration
From: Carleton College, Northfield, MN
Re: Verification of F or J Status On-Campus Employment

SECTION 1: Information from Employing Department

This is evidence of on-campus employment for: _____
(Name of F or J individual)

Employing department: _____

Nature of job (e.g., dining service, library aide, research or language assistant, etc):

Start Date: _____ Number of Hours/Week: _____

Employer Contact Information: 410694747
Employer Identification Number (EIN)

Employer Telephone Number

Student/Scholar Immediate Supervisor

Employer Signature (Original): _____

Employer Name (Print Clearly): _____

Signatory's Title: _____

Date: _____

SECTION 2: Verification of Employment from International Student and Scholar Services

Designated School Official or Responsible Officer – Original Signature (no stamps)

Type or Printed Name (DSO or RO)

Phone

Date