



FLORIDA STATE UNIVERSITY
PANAMA CITY

SNN Verification
FSU Panama City

On-Campus Employment Verification for Social Security Application

Department: Please complete form and print on department letterhead

Student: Take completed form to the Dean's Office, Holley A-311 for signature before going to the Social Security office

To Whom It May Concern:

This is evidence of on-campus employment for:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ (ex. mm/dd/yyyy) FSU PC Department: _____

Nature of Student's job (e.g. computer lab staff, library aide, research assistant, etc.): _____

Start Date: _____ Number of Hours/Week: _____

Department/Employer Contact Information:

Employer Identification Number (EIN): 59-1961248

Department/Employer Telephone Number: _____

Student's Immediate Supervisor: _____

Supervisor/Employer Signature (original): _____

Signatory's Title: _____ Date: _____

For FSU Panama City Use:

Endorsement by Designated School Official (DSO):

Student Name
is an F-1 student attending Florida State University Panama City. She/he is authorized to work on campus.

DSO Signature: _____

Submit all forms to the Designated Student Official (DSO), Irvin Clark, EdD, iclark2@pc.fsu.edu (850) 770- 2101
Office of the Dean • Holley A-311-C • 4750 Collegiate Drive • Panama City • Florida • 32405-1099