Date: ______________________________

To: Social Security Administration
   743A E. State St., Athens, OH 45701

From: Office of International Student & Faculty Services, Ohio University

Re: __________________________________

Visa Type: __________________________

According to RM 00203.470 Policy of Social Security Administration, I certify that the above person is eligible for a Social Security Number, and is eligible to work on campus. This student is enrolled in a full course of study. He/she has been informed that they must also present a passport, I-797 Approval Notice (H-1), I-94 and I-20 (F-1) or DS-2019 (J-1) forms to you.

____________________________________
Signature

____________________________________
Name and Title of Designated School Official