

(Prepare on official school or department letterhead and include the employer's original signature.)

August 13, 2014

U.S. Social Security Administration

To whom it may concern:

This letter is evidence of on-campus employment for: Type Student's Full Name Here (GT ID:). This student will be working as a Graduate Assistant working a maximum of 20 hours per week at the Georgia Institute of Technology (EIN: 58-6002023) starting with the Fall Semester 2014 which begins August 18, 2014.

The student's immediate supervisor will be: . The supervisor's telephone number is: . *(Can be general department phone number.)*

Thank you.

Sincerely,

Original Signature of Department Representative or Supervisor (not a stamp or copy)

Department Representative's or Supervisor's Name

Department Representative's or Supervisor's Title