



# How to Apply For a Social Security Card

**Please Note:** You should wait **at least 10 days** after you enter the United States to apply for a Social Security Card. The Social Security office must receive verification of your legal entry into the USA **before** you can apply for a card.

1. **Obtain an Employment Verification Letter or CPT I-20**
  - **If you have on-campus employment:** once the Employment Verification Letter is completed by your department, it must be approved and stamped by the Office of International Programs. A template is provided on page 2.
  - **If you are applying for CPT:** your application must first be approved by OIP before applying for a SSN.
2. **Complete the attached application** for a Social Security Card (page 3).
3. **Take** all of these items to the Social Security Office to apply for your card:
  - Social Security Application
  - Employment Verification letter or CPT I-20
  - Passport
  - Visa
  - I-20
  - If you are applying for SSN based on CPT employment, you must first get a new I-20 with your work authorization approved before applying for SSN.
  - I-94 Card or Copy of Electronic I-94 from <https://i94.cbp.dhs.gov/i94/#/home>



# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

<b>1</b>	<b>NAME</b> TO BE SHOWN ON CARD		First	Full Middle Name	Last
	<b>FULL NAME AT BIRTH</b> IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
<b>2</b>	Social Security number previously assigned to the person listed in item 1			<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate)			<b>4</b>	<b>DATE OF BIRTH</b>
			City	State or Foreign Country	MM/DD/YYYY
			FCI	Office Use Only	
<b>5</b>	<b>CITIZENSHIP</b> (Check One)		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)
			<input type="checkbox"/> Other (See Instructions On Page 3)		
<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary)		<b>7</b>	<b>RACE</b> Select One or More (Your Response is Voluntary)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian		
<b>8</b>	<b>SEX</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>9</b>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>		First	Full Middle Name	Last
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9 B on Page 3)		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown		
<b>10</b>	<b>A. PARENT/ FATHER'S NAME</b>		First	Full Middle Name	Last
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10B on Page 3)		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown		
<b>11</b>	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
<b>12</b>	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last
<b>13</b>	Enter any different date of birth if used on an earlier application for a card			MM/DD/YYYY	
<b>14</b>	<b>TODAY'S DATE</b> MM/DD/YYYY		<b>15</b>	<b>DAYTIME PHONE NUMBER</b> Area Code Number	
<b>16</b>	<b>MAILING ADDRESS</b> (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No.		
			City	State/Foreign Country	ZIP Code
<b>17</b>	<b>YOUR SIGNATURE</b>		<b>18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify		

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)					
NPN		DOC		NTI	
CAN		ITV			
PBC	EVI	EVA	EVC	PRA	UNIT
NWR			DNR		
SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW			DATE		
DCL			DATE		

# Employment Verification Letter Instructions

## Instructions for Student:

1. Take pages 4 – 5 of this application to your hiring department.
2. Once your department provides you with the employment verification letter, bring it to ISS
3. ISS will stamp your employment verification letter
4. Take the completed and stamped employment verification letter (along with your other documents) to the Social Security Administration

## Instructions for Hiring Department:

1. The Employment Verification Letter must be completed by the department hiring the student, and it must be typed and printed on **the department's USC letterhead.**
2. Before going to the Social Security Office, students must have the Employment Verification Letter **approved and stamped by International Student Services.**
3. The job description is a one sentence description of the daily duties of the job.
4. If you do not know the university's Employer Identification Number (EIN), leave this field blank. ISS will fill it in when the student brings it to be stamped.
5. The letter must include the signature of the department contact.
6. The letter should be in the exact format of the template letter below.

Date: \_\_\_\_\_

To Whom It May Concern:

This letter is evidence of on-campus employment for the following F-1 student. If you should need more information pertaining to this student or the job description, please use the employer contact information below.

**Student Information:**

Name of student: \_\_\_\_\_

Student's job title: \_\_\_\_\_

Job description:

Anticipated or actual employment start date: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

**Employer Contact Information:**

Name of department contact: \_\_\_\_\_

Title of department contact: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signature of department contact: \_\_\_\_\_