



## Social Security Letter for Wheaton College Students

Last Name	First Name	Middle Name
Wheaton ID #	Date o	of Birth (mm-dd-yyyy)
This letter serves to confirm	that the student name	ed above will be employed with
		(department) in the position of
		The student is expected to begin on
	and work	hours weekly
Wheaton College's EIN Nur	mber is <b>36-2182171.</b>	
Sincerely,		
Immediate Supervisor Signa	ture	Print Name and Title
Phone Number		Today's Date
for this student to work on-c school is in session and full-t F-1 student status at Wheato	(±)(9), the Designated campus a cumulative raime during vacation part of the College in order to	I School Official (DSO) grants permission maximum of 20 hours per week when periods. The student must maintain valid remain eligible for this employment.
I confirm that this student is	enrolled full-time at	Wheaton College.
Designated School Official		Date
DSO Phone Number		