

Missouri State University™
Department _____

901 S National
Springfield, MO 65897

Date: _____

To Whom It May Concern:

This is evidence of on-campus employment for: _____ (name of student)

Nature of the student's job: (e.g. library aide, computer lab assistant, graduate assistant)

_____ (provide general description)

Start Date: _____ (must be future date)

Number of Hours/Week: _____ (0-20 hours)

Employer Contact Information:

Employer Identification Number: 44-6000308

Employer Telephone Number: _____

Student's Immediate Supervisor: _____

Employer Signature (Original): _____

Date: _____

Title: _____

To be completed by the Designated School Official:

This is to certify that the above international student is attending Missouri State University. This student is eligible for on-campus employment at Missouri State University and is enrolled as a full-time student. International Revenue Code section 6109 requires individual to provide their correct taxpayer identification number to employers who must file information returns with Internal Revenue Service. This student will be required to have a social security number to facilitate the reporting of wages and the withholding of taxes by the employer. This student has been offered on-campus employment.

Designated School Official

Signature

Date

International Student Services Office
(417)836-6618