



How to Apply for a Social Security Number

1. You will need to wait 10 days after you arrive in the U.S. before you can apply for a Social Security Number (SSN). You must also be enrolled as a full time student and have an offer of employment to be eligible for this letter.
2. Fill out the attached Social Security Letter Request; be sure to include all information, especially your place of employment. Turn this in to the Office of International Student and Scholar Services. You can pick up the letter approximately 3 days after you drop off the form.
3. You will also need to obtain a letter from your place of employment describing where you will work and what you will do. The letter should be on letterhead of your prospective department. This letter must accompany your request for a letter from our office. A sample letter is attached.
4. Fill out the SS-5, Application for Social Security Number. This application is available from our office or at the Social Security Administration (SSA) office itself. If you do not have a permanent address, you can use our office address:
Office of International Student & Scholar Services
One University Boulevard
261 Millennium Student Center (MC 221)
St. Louis, MO 63121-4499
5. When filling out the Form SS-5 be sure to
 - a. Check the box 'Legal Alien allowed to work' in section number three;
 - b. Leave number 8B and number 9B blank if your parents do not have social security numbers;
 - c. Check the box 'Self' in number 17.
6. Directions to a Social Security office that can be reached via Metrolink are attached. Take the following items with you:
 - a. Completed Form SS-5
 - b. Passport
 - c. I-20 or DS-2019
 - d. I-94 card
 - e. Status Letter from ISSS
 - f. Employment Letter (letter from employer confirming you have employment)
 - g. Proof of Off-Campus work authorization (if you are on CPT, OPT or Academic Training)
7. When you file your application, **be sure to get a receipt** from the SSA.
8. It will take approximately 2-4 weeks for the SSA to process your application. If you used the ISSS office address, we will send you an email when your card arrives. If it has been more than 4 weeks since you applied, you should visit or call the office where you applied to check on the status of your request.

Getting to the Social Security Office

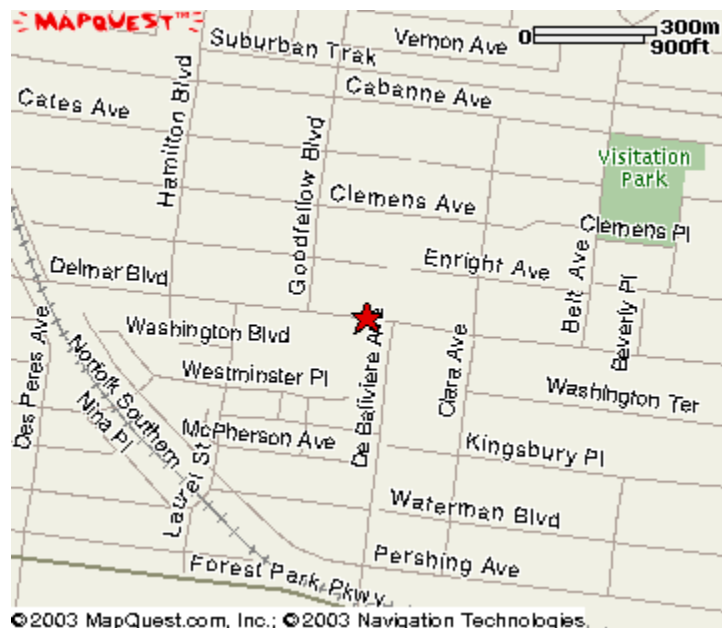
Address: 5669 Delmar Boulevard
Saint Louis, MO 63112

Hours: 9:00am to 4:00pm, Monday through Friday.

Description: On Delmar between DeBaliviere and Goodfellow, close to the corner of Delmar and DeBaliviere, next to the People's Comprehensive Health Center.

Getting There: The office is approximately 5 blocks north of the "Forest Park" MetroLink stop. Take the MetroLink from either the north or south campus stop west towards Illinois (usually towards "Shiloh-Scott"). The "Forest Park" stop is after the "Delmar" stop and before the "Central West End" stop. After exiting the MetroLink station, head north (away from Forest Park) on DeBaliviere. After approximately 5 blocks, DeBaliviere will meet Delmar. The office is just east of this intersection on the north side of Delmar.

Map:



This is the easiest location to reach using public transportation. To look up SSA offices that may be a closer driving distance to your location, check their website (<http://www.ssa.gov/>) and click on the 'Find a Social Security Office' link in the left menu.



Office of International Student Services
Center for International Studies

261 Millennium Student Center (MC221)
One University Boulevard
St. Louis, Missouri 63121
Telephone: 314.516.5229
Fax: 314.516.5636
Email: iss@umsl.edu

Social Security Letter Request

Please fill out the following form if you are in F-1 or J-1 status and are requesting that the Office of International Student & Scholar Services write a letter to the Social Security Administration (SSA) verifying that you are eligible for employment.

Personal Information

Today's Date: _____ Date of First Entry to the US: _____
Name: _____ Student Number: _____
Email: _____ Phone Number: _____
Local Address: _____
Visa Status: [] F-1 [] J-1 Current Program Level: [] Undergraduate [] Graduate [] Doctoral [] Scholar
Degree Program/Major: _____ Current Enrollment: _____
Expected Program Completion Date: _____ I-20 / DS-2019 Expiration Date: _____
Are you currently on a period of post-completion work authorization? [] Yes [] No

Employment Information

Job title/description: _____
Start date: _____ Number of hours you expect to work per week: _____
Department for which you will work: _____
Employer's Name (if off-campus): _____
Employer's Address (if off-campus): _____
Name of your supervisor: _____
Supervisor's phone number: _____ Supervisor's Email: _____

For Office Use Only
Current Enrollment: _____ Enrollment History: _____
Periods of RCL? _____ Hold(s)? _____
Comments: _____
Date completed: _____ Signature: _____

Example Letter from Employer

DEPARTMENT LETTERHEAD

Date

Social Security Administration
St. Louis, MO

To Whom It May Concern:

_____ (*Student's Name*) is a currently enrolled student at the University of Missouri-St. Louis and is employed by _____ (*Department Name*) as _____ (*job title*).

His/her duties include _____.

If any further information is needed please contact the undersigned at 314-516-_____, and/or (*supervisor's name*) _____ at 314-516-_____.

Thank you,

Signature
Title

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME _____ <small>TO BE SHOWN ON CARD</small>	First	Full Middle Name	Last							
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last							
	OTHER NAMES USED										
2	MAILING ADDRESS _____ <small>Do Not Abbreviate</small>	Street Address, Apt. No., PO Box, Rural Route No.									
		City	State	ZIP Code							
3	CITIZENSHIP _____ <small>(Check One)</small>	<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 2)	<input type="checkbox"/> Other (See Instructions On Page 2)						
4	SEX _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female								
5	RACE/ETHNIC DESCRIPTION _____ <small>(Check One Only - Voluntary)</small>	<input type="checkbox"/> Asian, Asian-American or Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black (Not Hispanic)	<input type="checkbox"/> North American Indian or Alaskan Native	<input type="checkbox"/> White (Not Hispanic)					
6	DATE OF BIRTH _____ <small>Month, Day, Year</small>	7	PLACE OF BIRTH _____ <small>(Do Not Abbreviate) City State or Foreign Country</small>		<small>Office Use Only</small>						
8	A. MOTHER'S NAME AT HER BIRTH _____	First	Full Middle Name	Last Name At Her Birth							
	B. MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 8B on Page 2) _____		<table style="width:100%; border:none;"> <tr> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> </tr> </table>								
9	A. FATHER'S NAME _____	First	Full Middle Name	Last							
	B. FATHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 2) _____		<table style="width:100%; border:none;"> <tr> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> </tr> </table>								
10	Has the applicant 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 11-13.) <input type="checkbox"/> No (If "no," go on to question 14.) <input type="checkbox"/> Don't Know (If "don't know," go on to question 14.)										
11	Enter the Social Security number previously assigned to the person listed in item 1. _____		<table style="width:100%; border:none;"> <tr> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> </tr> </table>								
12	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. _____	First	Middle Name	Last							
13	Enter any different date of birth if used on an earlier application for a card. _____	<table style="width:100%; border:none;"> <tr> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> <td style="border:none; width:15%;"> </td> </tr> </table>									
14	TODAY'S DATE _____ <small>Month, Day, Year</small>	15	DAYTIME PHONE NUMBER _____ <small>() - Area Code Number</small>								
16	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.		YOUR SIGNATURE _____								
17	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <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	NWR DNR UNIT						
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW							
				DATE							
				DATE							