How to Apply for a Social Security Number

1. You will need to wait until your SEVIS record is active 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:
   UMSL Global
   One University Boulevard
   362 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 five;
   b. Leave number 9B and number 10B blank if your parents do not have social security numbers;
   c. Check the box ‘Self’ in number 18.

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, Tuesday, Thursday, and Friday.  
9:00am to 12:00pm Wednesday.

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.
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: __________________________ (mm/dd/yyyy)
Name: __________________________ Student Number: __________________________
  Family/Last Name: __________________________ Given/First Name(s): __________________________
Email: __________________________ Phone Number: __________________________
Local Address: __________________________
Visa Status: ☐ F-1 ☐ J-1  Current Program Level: ☐ Undergraduate ☐ Graduate ☐ Doctoral ☐ Scholar
Degree Program/Major: __________________________ Current Enrollment: __________________________
  (number of credit hours you are taking)
Expected Program Completion Date: __________________________ I-20 / DS-2019 Expiration Date: __________________________
Are you currently on a period of post-completion work authorization? ☐ Yes ☐ No  (If ‘yes’ mark the appropriate box below)
  ☐ Optional Practical Training (F-1 students) ☐ Academic Training (J-1 students)

Employment Information

Job title/description: __________________________ (e.g., language lab tutor, cashier in bookstore, etc.)
Start date: __________________________ Number of hours you expect to work per week: __________________________
Department for which you will work: __________________________
If your offer of employment is from an off-campus employer and is for CPT, OPT or Academic Training, complete these two lines.
   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 _________________________________.

His/her employment start date is ____ (DD/MM/YYYY)_. He/She will work approximately ____ hours per week.

The University of Missouri’s EIN is 43-6003859.

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