

Social Security Administration Federal Building 1240 East 9<sup>th</sup> Street #793 Cleveland, Ohio 44115

To The Social Security Administration:

## Section I

"other employer" employment identification numb	er in the space provided
"other employer" employment identification numb	er in the space provided
F F	
Number of Hours per Week	
	Number of Hours per Week: 34-0966056 EIN Cleveland State University

## Section II

## The Center of International Services and Programs:

http://www.socialsecurity.gov/employer/hiring.htm .

I certify that this student is enrolled as a full time student at Cleveland State University and is employed or has the promise of employment. Please issue this student a social security number.

(216) 687-3910

Designated School Official Signature

Phone

Print Name

Date

Mailing Address: 2121 Euclid Avenue, BH 411 • Cleveland, Ohio 44115-2214 Campus Location: Berkman Hall, Suite 411 • 1899 East 22<sup>nd</sup> Street • Cleveland, Ohio 44115-2214 USA Telephone (216) 687-3910 • Fax (216) 687-3965