

**UCLA** Dashew Center for International Students and Scholars  
**F-1 SOCIAL SECURITY LETTER REQUEST**

Student's Name \_\_\_\_\_  
Last Name First Name

UCLA ID #: \_\_\_\_\_ SEVIS ID #: N \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

E-Mail: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Degree Objective:  Bachelor's  Master's  Doctorate

I-94 #: \_\_\_\_\_ Degree Start Date: \_\_\_\_\_  
(access I-94 at <https://i94.cbp.dhs.gov/i94/#/home>) (as indicated on I-20)

Employment Type:  On-Campus  CPT  OPT

Department/Company Name: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_

**REQUEST REQUIREMENTS**

- Must submit employment verification or offer letter (see [sample employment/offer letter](#)).
- If request is for CPT employment, must obtain CPT authorization from DCISS.
- If request is for OPT employment, must have received OPT EAD card.

**PLEASE NOTE:** Apply for a SSN only if you have secured a paid employment offer. Students receiving scholarship, fellowship, or grant awards must instead apply for an [ITIN](#) if currently ineligible for a SSN.

|                                     |  |   |  |  |
|-------------------------------------|--|---|--|--|
| <b>FOR DCISS<br/>USE ONLY</b>       | <b>INIT:</b> _____ <b>DATE:</b> _____      |   |  |  |
| <input type="checkbox"/> Name Issue | <input type="checkbox"/> Restriction Holds | <input type="checkbox"/> Current Enrollment | <input type="checkbox"/> Past Enrollment | <input type="checkbox"/> SEVIS <input type="checkbox"/> 30-Day Limit |

