



University of Massachusetts Boston  
100 Morrissey Boulevard  
Boston, Massachusetts 02125-3393

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**EMPLOYMENT VERIFICATION**  
For issuance of Social Security number

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**University of Massachusetts Boston**  
**Employer Identification Number: 04-6002284**

**To: Social Security Administration**

Please accept this letter as evidence of on-campus employment at the University of Massachusetts Boston for:

Student's name: \_\_\_\_\_

Nature of Employment: \_\_\_\_\_

Start date: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

Rate: \_\_\_\_\_

**Employer contact information**

Department/Office: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Student's immediate supervisor: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_

Date: \_\_\_\_\_