

# Social Security Verification Form

Date \_\_\_\_\_

Name of Student – PRINT or type name EXACTLY as NAME is printed on SOCIAL SECURITY CARD

\_\_\_\_\_

School Name \_\_\_\_\_

The last 4 digits on card: \_\_\_\_\_

I, \_\_\_\_\_, (print name) verify that the student listed above has a social security card which I have seen. The card does not state that additional documentation is needed for work, and therefore indicates that this student is eligible to work.

\_\_\_\_\_, Signature (person verifying card)

I am student's:

\_\_\_\_\_ Academy Teacher

IF YOU DON'T HAVE AN ACADEMY TEACHER:

\_\_\_\_\_ Guidance Counselor

\_\_\_\_\_ School Administrator

\_\_\_\_\_ M-DCPS District Staff

\_\_\_\_\_ Internship Provider \_\_\_\_\_ Company Name

**DO NOT COPY OR SCAN SOCIAL SECURITY CARD**

