



SOCIAL SECURITY CHECKLIST

HELPFUL INFORMATION

As an international student you are NOT ALLOWED to work off-campus without work authorization from the OISS or U.S. Citizenship & Immigration Services (USCIS). Working off-campus without authorization is ILLEGAL. Please make an appointment with our office if you would like to know more about your off-campus options.

YOU CANNOT START WORK UNTIL YOU RECEIVE YOUR SOCIAL SECURITY CARD and fill out your tax forms with the Student Employment Office.

Your Social Security card should arrive in 4-6 weeks. Make sure to check your mail often when waiting for your card. This is a very important document that is yours forever. Keep your card and number safe.

As an international student, you can only work 20 hours/week when school is in session and 40 hours/week during the summer or any time that you have one full week (no partial weeks) off.

If the Social Security number is being requested for Curricular Practical Training (CPT) or Optional Practical Training (OPT), you must submit a copy of the CPT I-20 or OPT I-20 and EAD card along with your job offer letter.

****Social Security Administration (SSA)**

6th Floor, One Empire Plaza, Providence RI
1-888-402-0808

Hours: Mon - Fri 9am - 4pm, except Wed 9am - 12pm *Hours may be subject to change due to Covid-19

STEPS FOR APPLYING FOR A SOCIAL SECURITY CARD

- Find a job on campus and obtain a letter from your supervisor** (on-campus employment only)
The letter must be on a RISD letterhead and state your position start date. You cannot apply for your Social Security card more than 30 days before you begin working.

Complete the OISS Social Security Request Form and upload the letter from your supervisor (on-campus employment only). Receive your Immigration Status Verification Letter from OISS.

DUE TO COVID: OISS will send your name and contact information to the SSA and someone there will email you with an appointment for a specific date and time. Please do not contact the SSA directly. If you are not contacted within two weeks, please email OISS.

Take the following documents to the Social Security Administration on your appointment date:

- **Letter from your supervisor**
- **Letter from OISS**
- **Social Security Application** (example on reverse side or go to <http://ssa.gov/forms/ss-5.pdf>)
- **Valid Passport**
- **Visa**
- **I-20** (the most recent one)
- **I-94** (you can print one out at <https://i94.cbp.dhs.gov/I94>)

- When you apply for a Social Security card, be sure to ask for a receipt!**

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD		First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
2	Social Security number previously assigned to the person listed in item 1			- -	
3	PLACE OF BIRTH (Do Not Abbreviate) City State or Foreign Country			4	DATE OF BIRTH MM/DD/YYYY
		Office Use Only FCI			
5	CITIZENSHIP (Check One)		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work(See Instructions On Page 3)
		<input type="checkbox"/> Other (See Instructions On Page 3)			
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No		7	RACE Select One or More (Your Response is Voluntary)	
				<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian
				<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Black/African American
				<input type="checkbox"/> Asian	<input type="checkbox"/> White
8	SEX		<input type="checkbox"/> Male	<input type="checkbox"/> Female	
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First	Full Middle Name	Last
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)			- -	
		<input type="checkbox"/> Unknown			
10	A. PARENT/ FATHER'S NAME		First	Full Middle Name	Last
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)			- -	
		<input type="checkbox"/> Unknown			
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before?				
		<input type="checkbox"/> Yes (If "yes" answer questions 12-13)			<input type="checkbox"/> No
		<input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)			
12	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY		
14	TODAY'S DATE MM/DD/YYYY		15	DAYTIME PHONE NUMBER Area Code Number	
16	MAILING ADDRESS (Do Not Abbreviate)		City	State/Foreign Country	ZIP Code
Street Address, Apt. No., PO Box, Rural Route No.					
17	YOUR SIGNATURE		18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:	
				<input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____	
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)					
NPN		DOC	NTI	CAN	ITV
PBC	EVI	EVA	EVC	PRA	NWR DNR UNIT
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
			DATE		
			DATE		
			DCL DATE		