

Applying for a Social Security Number - F-1 and J-1 Students

Social Security Office to apply:
□ Passport with F-1 or J-1 visa □ I-20 or DS-2019 □ I-94 (Print a copy here: https://i94.cbp.dhs.gov/I94/#/home)
☐ Letter from DSO (Request Int'l Hokies Portal)
Letter from your Employer (Graduate Assistantship Contract or Student Employment Verification) Social Security Application

You must bring the following documents to the

Application Tips:

- 1. Write your name exactly as it is on your passport and other documents. Check to see that your family name and given name are in the correct place on the application.
- 2. Social Security will not deliver your Social Security card if your mailbox does not have your name on it. If your mailbox is not labeled with your name, label it yourself with a piece of paper taped inside or on the mailbox.

Social Security Office - Roanoke

612 South Jefferson St. Suite 100 Roanoke, VA 24011

**For the most up to date hours of operation refer to: https://secure.ssa.gov/ICON/ic001.action#officeResults

Parking Options

- There is limited free parking next to the building
- At the cross section of Jefferson and Elm there is a Parking Lot
- Center City Parking Garage is located directly across the street from the building

AC	plication for a Soc	ial Security Ca	aru		OMB No. 0960-0
	NAME	First	Full Middle Name	Last	
1	TO BE SHOWN ON CARD FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last	
	OTHER NAMES USED		•	•	
2	Social Security number previous listed in item 1				
3	PLACE OF BIRTH		Use Only 4	DATE OF	
	(Do Not Abbreviate) City	State or Foreign Coun		BIRTH I Alien Not All	MM/DD/YYY lowed Other (
5	CITIZENSHIP (Check One)	U.S. Citizen	Allowed To To W	ork(See octions On Pa	ge 3) Instruc Page 3
6	ETHNICITY Are You Hispanic or Latino? ("Y prise do an ot 7 No.	RACE Select One or More Need of tool at	Alaska Native	merican India	
8	SEX	☐ Male	Female		
	A. PARENT/ MOTHER'S	First	Full Middle Name	Last	
9	NAME AT HER BIRTH B. PARENT/ MOTHER'S S				Unkno
	SECURITY NUMBER (S A. PARENT/ FATHER'S	ee instructions for 9 B on Page 3 First	Full Middle Name	Last	
10	NAME				
	B. PARENT/ FATHER'S SO NUMBER (See instructions for	10B on Page 3)		•	Unkno
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? Yes (if 'yes' answer questions 12-13) No Don't Know (if 'don't know,' skip to question 14.)				
12	Name shown on the most recent Security card issued for the listed in item 1		ed to ansv		Last
13	Enter any different date of birth if earlier application for a card	questions	s 12 & 13 _{MM/DI}	DAYYY	
14	TODAY'S DATE MM/DD/YYYY	15 DAYTIME		9	Number
14	DATE MM/DD/YYYY	- 15 NUMBER			Number
14	MAILING ADDRESS (Do Not Abbreviate)	T NUMBER Street	Area Codet Address, Apt. No., PO Box, Rur State/Foreign Country	al Route No.	ZIP Code
14	DATE MM/DD/YYYY MAILING ADDRESS	Street I have examined all the informuny knowledge.	Area Code et Address, Apt. No., PO Box, Rur State/Foreign Country atton on this form, and on any a	al Route No.	ZIP Code g statements or for
14 16 17	MAILING ADDRESS (Do Not Abbreviate) Ideclare under penalty of perjury that and it is true and correct to the best to YOUR SIGNATURE	I have examined all the inform my knowledge. 18 YOUR RE	Area Codet Address, Apt. No., PO Box, Rur State/Foreign Country atton on this form, and on any a	al Route No.	ZIP Code g statements or for
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14 16 17	MAILING ADDRESS (Do Not Abbreviate) Ideclare under penalty of perjury than dit is true and correct to the best to YOUR SIGNATURE OF WRITE BELOW THIS LINE (FOR SS	I have examined all the Informative New Medical State	Area Cose et Address, Apt. No., PO Box, Rur State/Foreign Country attion on this form, and on any a ELATIONSHIP TO THE Natural Cr Addoptive Purrent Logal Guardian CAN	PERSON Other	ZIP Code g statements or for IN ITEM 1 IS: Specify ITV UNIT (EEIS) REVIEWING

The Smart Way Bus Schedule



Effective: January 2009

