(College, University, or Institution Letterhead)

Original with address

Internal Revenue Service  
ITIN Operations  
P.O. Box 149342  
Austin, TX  78714-9342

This letter certifies:

1. The attached completed Form W-7, Application for IRS Individual Taxpayer Identification Number and supporting documentation is for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Insert Full Name of Applicant)* with SEVIS number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Insert SEVIS Number*);
2. The name and SEVIS number have been verified by the undersigned;
3. The applicant is not eligible for an SSN; and
4. The applicant’s supporting original documents or copies certified by the issuing agency to establish identity and foreign status have been personally reviewed by the undersigned.

The applicant provided the following original or copies certified by the issuing agency documents to establish the applicant’s identity and foreign status:

*(List documents here)*

Attachments

Form W-7, Application for IRS Individual Taxpayer Identification Number  
Copy of Form DS-2019 Certificate of Eligibility for Exchange Visitor Status (J-1 Status)  
Copy of I-20 Certificate of Eligibility for Nonimmigrant Student Status  
Copies of each identification document certified

The undersigned is the (select applicable) for the above named college/university/institution that is an approved member of The Student and Exchange Visitor Program (SEVP).

    \_\_\_ Principal Designated School Official (PDSO)

    \_\_\_ Designated School Official (DSO)

    \_\_\_ Responsible Officer (RO)

    \_\_\_ Alternate Responsible Officer (ARO)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed name of PDSO/DSO/RO/ARO)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of PDSO/DSO/RO/ARO)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Contact Telephone Number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature Date)