



FEDERAL WORK-STUDY STUDENT INFORMATION SHEET

Please read and complete accurately all Payroll Document within this packet of information. Inaccurate documents will prevent you from getting paid. A Job Certification must also be completed. Direct Deposit is encouraged.

Student Names: _____

Social Security Number: _____ Date of Birth: _____

U.S. Citizen (yes or no): _____ If no, country name: _____

Ethnic Group: _____ Military Status: _____

Local Address: _____

Home Phone #: _____ Work Phone#: _____

Program Enrolled: _____ Graduate or Undergraduate Student (Circle)

Graduation Date: _____

Student's University Email Address: _____

Start Date of Employment (must be a date): _____

Please remember to submit your 3 forms of Identification:

- **State Issued Identification (drivers license or age majority card)**
- **School Identification**
- **Social Security Card**