

NC State University
College of Education

PERMISSION TO USE SOCIAL SECURITY NUMBER

Please print.

Name: Last _____ First _____ MI _____

Curriculum: _____ Adviser: _____

Student ID #: _____

SSN: _____

Email: _____

Student Teaching / Internship Semester: _____

Anticipated Graduation Date: _____

I am voluntarily providing my social security # with the understanding that it will be used only as a personal identifier for teacher licensure and reporting purposes as required by the North Carolina Department of Public Instruction.

Signature: _____

Date: _____