



Student Employee F.I.C.A. Exemption Certificate

Please type or

print: Name: _____

Address: _____

City, State, Zip: _____

Social Security #: _____

I certify that:

- 1) I am enrolled in and regularly attending classes at the School of Visual Arts.
- 2) My main purpose is to pursue a course of study rather than employment.

I therefore apply for exemption of Social Security withholding from my gross wages.

I also acknowledge responsibility to notify the School of Visual Arts of any changes in my status.

Signature

Date