

## Letter of Ineligibility

The State of Michigan law requires the Secretary of State (SOS) to verify social security numbers before issuing a driver's licence or state identification card. Students who are not eligible to have a social security number will need to obtain a letter of ineligibility issued by the Social Security Administration (SSA).

### Step 1: Complete the Application for a Social Security Card (Form SS-5)

- Complete the Application for Social Security Card. See example attached.  
**For the fillable PDF of the application, visit <https://www.ssa.gov/forms/ss-5.pdf>**
- At the very top of the form, write out "Letter of Ineligibility."
- Be sure to print and sign the form with a real signature (not digital).

**New students MUST complete SEVIS check-in at least one week prior to submitting this request.**

Email [oiss@emich.edu](mailto:oiss@emich.edu) for further instructions if you have not completed your SEVIS check-in.

### Step 2: Fax or mail your completed Application for a Social Security Card

- Fax the completed form to the Ann Arbor Social Security Office to:
  - 833-950-2476
- OR** send by mail to:
  - U.S. Social Security Administration – Ann Arbor Office  
3971 Research Park Drive  
Ann Arbor, MI 48108

### Step 3: Receive the Letter of Ineligibility by mail

- The Letter of Ineligibility will be mailed to the address listed on the application (SS-5).

Be advised that letters that are more than 30 days old will not be accepted by the Secretary of State (SOS).

\*These procedures are subject to change per the Social Security Office procedures and policies.

# LETTER OF INELIGIBILITY

## Application for a Social Security Card

<b>1</b>	<b>NAME</b> TO BE SHOWN ON CARD		First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
<b>2</b>	Social Security number previously assigned to the person listed in item 1			<input type="text"/>	<input type="text"/>
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate) City State or Foreign Country			Office Use Only FCI	<b>4</b>
<b>DATE OF BIRTH</b> MM/DD/YYYY					
<b>5</b>	<b>CITIZENSHIP</b> (Check One)		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input checked="" type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)
<input type="checkbox"/> Other (See Instructions On Page 3)					
<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7</b>	<b>RACE</b> Select One or More (Your Response is Voluntary)	
			<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian		
<b>8</b>	<b>SEX</b>		<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>9</b>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>		First	Full Middle Name	Last
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9B on Page 3)		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Unknown					
<b>10</b>	<b>A. PARENT/ FATHER'S NAME</b>		First	Full Middle Name	Last
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10B on Page 3)		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Unknown					
<b>11</b>	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? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
<b>12</b>	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last
<b>13</b>	Enter any different date of birth if used on an earlier application for a card			MM/DD/YYYY	
<b>14</b>	<b>TODAY'S DATE</b> MM/DD/YYYY		<b>15</b>	<b>DAYTIME PHONE NUMBER</b> Area Code Number	
<b>16</b>	<b>MAILING ADDRESS</b> (Do Not Abbreviate) Street Address, Apt. No., PO Box, Rural Route No. City State/Foreign Country ZIP Code				
<b>17</b>	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.				
<b>YOUR SIGNATURE</b>		<b>18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input checked="" type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____			

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)					
NPN		DOC		NTI	
CAN		ITV			
PBC	EVI	EVA	EVC	PRA	
NWR			DNR		UNIT
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
			DATE		
			DATE		