

**FEDERAL WORK-STUDY AGENCY INFORMATION SHEET**

**FULL NAME OF AGENCY:** \_\_\_\_\_

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DIRECTOR (Name and Title):** \_\_\_\_\_

**STUDENT SUPERVISOR (Name and Title):** \_\_\_\_\_

**SUPERVISOR'S SIGNATURE:** \_\_\_\_\_

**PLEASE DESCRIBE THE  
AGENCY'S FUNCTION:** \_\_\_\_\_

\_\_\_\_\_

**PERSONS/GROUPS SERVED  
BY AGENCY:** \_\_\_\_\_

**TAX EXEMPT NUMBER:** \_\_\_\_\_

**THE DUTIES OF FEDERAL  
WORK-STUDY STUDENTS ARE:** \_\_\_\_\_

\_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

Please note: Career Development must maintain a copy of your agency's tax-exempt letter on file. If you have not previously submitted your tax-exempt letter, please include a copy with this form.