Dear HR Partner,

We are requesting that you serve as our Authorized Representative by examining the employee’s original identification and employment authorization documentation.

Please complete these forms as instructed below:

(1) Verify that the employee has completed and signed page 1 of Form I-9 titled “Section 1. Employee Information and Attestation”. The employee must present to you original identification document(s) from page 3, “List of Acceptable Documents”. Only original documents may be accepted. Faxes, photocopies, and laminated social security cards must not be accepted.

(2) Complete “Section 2. Employer or Authorized Representative Review and Verification”. As the Authorized Representative, there are sections on the Form I-9 that indicate which document, or documents, were presented to you and their associated information. The employee will present original identification documentation as follows:
   - One document from List A
   - OR
   - One document from List B (identity verification) AND one document from List C (employment authorization).
     a) Enter Employee’s Last Name, First Name
     b) Enter identification information under the corresponding document section (List A or List B & C)
     - Document Title
     - Issuing Authority
     - Document Number
     - Expiration Date

(3) Complete the “Certification” section of the Form I-9 as follows:
   a) Employment Start Date--USM will either provide to you, or will fill in prior to sending the I-9 document to the employee.
   b) Provide your signature as Authorized Representative
   c) Enter the Date you reviewed the documents
   d) Print your Title
   e) Enter your Last Name, First Name

(4) Complete the Authorized Representative Form (either attached to, or printed on the back of this page)

(5) Please fax the completed I-9 form and the Authorized Representative Form to 601-266-4541.

(6) Please postal mail the original I-9 form to:
   Human Resources
   University of Southern Mississippi
   118 College Dr. #5111
   Hattiesburg, MS 39406

If you have questions about this form, please contact us at HR@usm.edu or 601-266-4050.
AUTHORIZED REPRESENTATIVE FORM

The undersigned has examined the original identification document(s) as listed on the Form I-9, page 3: “List of Acceptable Documents”.

The original identification document(s) were presented to the undersigned and appear to be genuine and related to the individual.

The undersigned, Authorized Representative, has accurately recorded such information on the Form I-9 in “Section 2. Employer or Authorized Representative Review and Verification” and has completed and signed the “Certification” section.

For Completion by the Authorized Representative:

Authorized Representative (Name): __________________________________________

Business Title: __________________________________________________________

Business Name (if applicable): _____________________________________________

Business Address: _________________________________________________________

City, State, Zip Code: ______________________________________________________

Signature: ____________________________ Date: ________________________________