



THE UNIVERSITY OF  
**SOUTHERN MISSISSIPPI**

University Human Resources

118 College Dr. #5111 | Hattiesburg, MS 39406-0001

Phone: 601.266.4050 | Fax: 601.266.4541 | [hr@usm.edu](mailto:hr@usm.edu) | [www.usm.edu/hr](http://www.usm.edu/hr)

Dear Authorized Representative,

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
  - f) For the Title of Employer or Authorized Representative, Employer's Business or Organization Name, and Employer's Business or Organization Address please see the attached example.
- (4) Complete the **Authorized Representative Form** (either attached to, or printed on the back of this page)
- (5) 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](mailto:HR@usm.edu) or**



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

|                                     |                         |                         |      |                                |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| <b>Employee Info from Section 1</b> | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity                               | AND | List C<br>Employment Authorization                     |
|---|----|--|-----|--|
| Document Title                                  |    | Document Title                                   |     | Document Title   |
| Issuing Authority                               |    | Issuing Authority                                |     | Issuing Authority                                      |
| Document Number                                 |    | Document Number                                  |     | Document Number  |
| Expiration Date (if any) (mm/dd/yyyy)           |    | Expiration Date (if any) (mm/dd/yyyy)            |     | Expiration Date (if any) (mm/dd/yyyy)                  |
| Document Title                                  |    | <b>Example for<br/>Certification<br/>Section</b> |     | QR Code - Sections 2 & 3<br>Do Not Write In This Space |
| Issuing Authority                               |    |  |     |  |
| Document Number                                 |    |  |     |  |
| Expiration Date (if any) (mm/dd/yyyy)           |    |  |     |  |
| Document Title                                  |    |  |     |  |
| Issuing Authority                               |    |  |     |  |
| Document Number                                 |    |  |     |  |
| Expiration Date (if any) (mm/dd/yyyy)           |    |  |     |  |

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

|  |  |   |   |                          |
|--|--|---|---|--------------------------|
| Signature of Employer or Authorized Representative   |  | Today's Date (mm/dd/yyyy)                           | Title of Employer or Authorized Representative<br><b>Authorized Representative</b>    |                          |
| Last Name of Employer or Authorized Representative   |  | First Name of Employer or Authorized Representative | Employer's Business or Organization Name<br><b>University of Southern Mississippi</b> |                          |
| Employer's Business or Organization Address (Street Number and Name)<br><b>118 College Drive #5111</b> |  | City or Town<br><b>Hattiesburg</b>                  | State<br><b>MS</b>  | ZIP Code<br><b>39406</b> |

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

|                                    |                         |                |  |  |
|------------------------------------|-------------------------|----------------|--|--|
| <b>A. New Name (if applicable)</b> |                         |                | <b>B. Date of Rehire (if applicable)</b> |  |
| Last Name (Family Name)            | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy)                        |  |

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

|                |                 |                                       |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

|  |                           |   |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|



THE UNIVERSITY OF  
**SOUTHERN MISSISSIPPI**

---

University Human Resources  
118 College Dr. #5111 | Hattiesburg, MS 39406-0001  
Phone: 601.266.4050 | Fax: 601.266.4541 | [hr@usm.edu](mailto:hr@usm.edu) | [www.usm.edu/hr](http://www.usm.edu/hr)

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