



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 | 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 or



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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: _____