



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



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.")

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

List A OR **List B** AND **List C**
Identity and Employment Authorization **Identity** **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)

EXAMPLE

Document Title	Additional Information	QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority		
Document Number	Example for Certification Section	
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 Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name University of Southern Mississippi	
Employer's Business or Organization Address (Street Number and Name) 118 College Drive #5111	City or Town Hattiesburg	State MS	ZIP Code 39406

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)
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 | 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: _____