Form I-9 Completion Instructions for Notary or Authorized Representative

Arizona State University is asking you to act as our authorized representative to examine the identity and employment authorization documents for our new employee. The employee must complete Section 1 of the Form I-9, prior to your completing Section 2.

The employee must present suitable, original identification as provided on the 'List of Acceptable Documents' included with the blank Form I-9.

The employee can present either:

- Any documentation or set of documents from List A; or
- A document from List B (identity) AND a document from List C (eligibility).

Process for Completion of Form I-9 – Section 2

1. Physically examine each original document the employee presents. Determine if it appears genuine and relates to the person presenting it. Make sure the documents presented are acceptable by reviewing Page 3 of the Form I-9. Please do not accept any documents that are faxed, scanned or photocopied.

2. Complete the Certification in Section 2 by including the following:
   a. Employee's first date of employment (employee will provide or use today's date)
   b. Your signature in the Employer or Authorized Representative section
   c. Date form is completed
   d. Your Title, Last and First name in Employer or Authorized Representative section
   e. Employer's Business or Organization Name: Arizona State University
   f. Employer's Business or Organization Address: 1100 E. University Drive, Suite 105, Tempe, AZ 85281

3. Make copies of the documents you review to complete Section 2. If you are a notary, please notarize this copy with your notary seal. If you are an authorized CUPA-HR representative, please sign the copy.

4. Either you or the employee must mail the completed, original Form I-9, along with a copy of acceptable documents you received to this address:

   ASU Human Resources
   1100 E. University Drive
   Suite 105
   Tempe, AZ 85281

If you have any questions about the notary or reciprocal I-9 process, please contact Arizona State University's Human Resources Department at (855) 278-5081.
Reciprocal I-9 Instructions

The College and University Personnel Association for Human Resources (CUPA-HR) has developed a Form I-9 Reciprocal Processing Consortium, which is a listing of higher education institutions who are willing to provide reciprocal processing of Form I-9.

1. To utilize this service you must contact Human Resources at (855) 204-7174 and provide the employee’s zip code. Human Resources will then provide a list of institutions nearest to the employee’s zip code that can assist them in completing their Form I-9, along with the name and contact information for the institution’s Form I-9 contact.

2. Provide the new employee with the blank Form I-9 and contact information for the reciprocal institution. Instruct the employee to complete Section 1 of the Form I-9 by no later than the close of business on the first day of work.

3. Instruct the new employee to take the Form I-9, a copy of their offer letter, and original identity/employment eligibility documents (as listed on Page 3 of the Form I-9) to the reciprocal institution.
   a. The employee will present original identity/employment eligibility documents to the institution contact.
   b. The consortium institution authorized representative will inspect the documents and complete Section 2 of the Form I-9, using the name of hiring institution for 'Employer's Business or Organization Name'. This must be completed by no later than the close of business on the employee's third day of employment.
   c. The employee must mail the completed Form I-9 and a copy of identity/employment eligibility documents to:

Arizona State University
Human Resources
1100 E. University Drive
Suite 105
Tempe, AZ 85281
ATTN: Catherine Davidson

NOTE:

- Section 2 of Form I-9 must not be completed by the new employee.
- Please ensure that Section 2 of the Form I-9 is completed in its entirety, by the authorized representative, for expeditious processing.
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) First Name (Given Name) Middle Initial Other Last Names Used (if any)

Address (Street Number and Name) Apt. Number City or Town State ZIP Code

Date of Birth (mm/dd/yyyy) U.S. Social Security Number Employee’s E-mail Address Employee’s Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See instructions)
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):

Some aliens may write “N/A” in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:

An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number:

2. Form I-94 Admission Number:

3. Foreign Passport Number:

Country of Issuance:

Signature of Employee

Today’s Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator

Today’s Date (mm/dd/yyyy)

Last Name (Family Name) First Name (Given Name)

Address (Street Number and Name) City or Town State ZIP Code
**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.")

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>First Name (Given Name)</td>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>M.I.</td>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Citizenship/Immigration Status</td>
<td>Additional Information</td>
<td>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer’s Business or Organization Name</td>
</tr>
<tr>
<td>Employer’s Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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:

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
</tbody>
</table>
| 1. U.S. Passport or U.S. Passport Card | 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT  
(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  
(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | 3. School ID card with a photograph | 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:  
a. Foreign passport; and  
b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. | 5. U.S. Military card or draft record | 5. U.S. Citizen ID Card (Form I-197) |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | 6. Military dependent's ID card | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| 8. Driver's license issued by a Canadian government authority | 8. U.S. Coast Guard Merchant Mariner Card | |

For persons under age 18 who are unable to present a document listed above:

| 10. School record or report card |
| 11. Clinic, doctor, or hospital record |
| 12. Day-care or nursery school record |

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.