DIRECTIONS FOR I-9 COMPLETION BY NOTARY or AUTHORIZED REPRESENTATIVE

1.) Employee completes Section 1 of the I-9 form. All but the signature of Section 1 can be filled in electronically before printing. *If you choose to print and fill out the form by hand, do not scratch off, write over or white out any mistakes - please print and complete another form if any mistakes are made.*
   - The e-mail address and phone number fields are optional.
   - Write N/A if not providing the information requested.

2.) Please bring the I-9 with Section 1 completed, along with your original driver's license and social security card (or passport or other ID options listed on the last page of the I-9), to a Notary or Authorized Representative.

3.) The Notary or Authorized Representative will need to verify your IDs, make copies of the IDs, and attach the copies to the I-9.

4.) The Notary or Authorized Representative will then need to fill in Section 2 using the title of Authorized Representative. *The Notary should not stamp, or place their seal, on the form as they are not notarizing your signature - rather they are acting as an authorized agent to complete the form.*

5.) Return the completed I-9 form, with the ID copies attached, to UW-La Crosse, Human Resources, 1725 State Street - 144 GMH, La Crosse, WI 54601

See example I-9 on following pages and share these directions and example I-9 with the notary or authorized representative completing Section 2.

Do not complete and sign the example I-9.

Please complete and sign the blank I-9 form found here: [http://www.uwlax.edu/uploadedFiles/Offices-Services/Human_Resources/I-9.pdf](http://www.uwlax.edu/uploadedFiles/Offices-Services/Human_Resources/I-9.pdf)
# 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 during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
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</thead>
<tbody>
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<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
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</table>

**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):

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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: 
2. Form I-94 Admission Number: 

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

- Foreign Passport Number: 
- Country of Issuance: 

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

**Check appropriate box**

Provide additional information if requested

**EMPLOYEE SIGN HERE**

**DATE HERE**
Notary or Authorized Rep. to complete Section 2

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 examine a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents” on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>Identity and Employment Authorization</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title:</td>
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<tr>
<td>Issuing Authority:</td>
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</table>

Complete List A OR B and C
Complete all lines as indicated.

Please be certain you are filling in the information in the correct column and row.

Attach copies of original documents.

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

Date (mm/dd/yyyy) T

Title of Employer or Authorized Representative

Authorized Representative

Notary or Auth. Rep. sign here

Date here

Notary or Auth. Rep name here

Authorized Representative write in Employee’s Name

Leave employer as UW-La Crosse and address as State Street

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative)
A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial
B. Date of Rehire (if applicable) (mm/dd/yyyy):
C. If employee’s previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.