How to Fill Out the I-9: Page 2 - Authorized Representative

- This page can only be filled out by the Employer or an Authorized Representative. An Authorized Representative can be anyone except the employee. Even a friend or family member can be an Authorized Representative.
- The Authorized Representative will need to:
  - **View the employee’s IDs** (see page 3 of the I-9 or “List of Acceptable Documents”).
    - The IDs must be unexpired originals or certified copies.
  - **Complete the applicable fields on the employee’s form**, indicated here by a paw print.
    - Record one item from List A, OR one item from List B AND one item from List C.
    - For the title, write “Authorized Representative.” Use ISU’s information for business and address.

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Identity and Employment Authorization</th>
<th>Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>M.I.</td>
</tr>
<tr>
<td>Citizenship/Immigration Status</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**List A**
- Document Title: (ex.) Passport
- Document Number: (ex.) #
- Expiration Date: (mm/dd/yyyy)

**List B**
- Document Title: (ex.) Driver’s License
- Document Number: (ex.) #
- Expiration Date: (mm/dd/yyyy)

**List C**
- Document Title: (ex.) Social Security Card
- Document Number: (ex.) #
- Expiration Date: (mm/dd/yyyy)

**Additional Information**
- Certification: I attest, under penalty of perjury, that (1) I have examined the documents presented by the above-named employee, (2) the above-listed documents 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):**

**Signature of Employer or Authorized Representative**

**Employer’s Business or Organization Name**

**Employer’s Business or Organization Address**

**City or Town**

**State**

**ZIP Code**

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

**Leave this section blank.**

Call HR at 208-282-2517 or email hr@isu.edu if you have any questions.