



Notary Form for Completing I-9

Dear Notary,

The person who appears before you today has applied for a position with Athens State University. Because the nature of this position is through distance learning, this person is not able to complete an I-9 form in person at Athens State University. We are, therefore, requesting that this person present their two forms of identification to you. Acceptable ID required to support work eligibility in the United States is listed on the I-9 form. These documents must be the original documents.

The new employee is required to complete Section 1, including the signature and date. Please photocopy the two forms of identification that this person has presented to you then complete Section 2 of the attached form. Please record:

1. Document Title
2. Issuing Authority
3. Document Number
4. Expiration Date (if any)

Please sign as the Authorized Representative in Section 2 and notarize with your stamp. Please leave Section 3 blank. **This original document along with photocopies of the accepted forms of identification must be attached to the original I-9 and mailed to the HR office at 300 N. Beaty Street, Athens, AL 35611.**

If you have any questions about completing this form, please contact Athens State University, Human Resources at (256)216-3311.

Thank you for your assistance with the I-9 process.

Notary Form

Athens State University hereby appoints:

Name: _____

Address: _____

Telephone #: _____

Fax #: _____

Commission Information: _____

Commission Expiration Date: _____

As its Authorized Representative for the limited purpose of verifying the presentation of identity documentation supporting work eligibility in the United States and for the purpose of completing Section 2 of INS Form I9 for this Employee. By signing below, the Authorized Representative accepts the appointment for this limited purpose only.

Signature: _____

Notary Public, State of: _____

Seal

Print Name: _____

Dated this _____ day of _____

Appointment Authorized by Athens State University

Signature: _____

Print Name: Suzanne B. Sims or Phyllis S. Claxton, Human Resources Office