

Letter to Designated Authorized Representative

Thank you for completing Section 2 of the Form I-9 on behalf of the University of Oregon (UO). Please follow these steps to complete the form accurately and completely. You can also find detailed instructions and frequently asked questions at the United States Citizenship and Immigration Services I-9 Central.

<https://www.uscis.gov/i-9-central/handbook-employers-m-274>

1. The UO employee will present to you the Form I-9 with Section 1 already completed, or they may complete Section 1 in your presence. Please verify that the employee has completed and signed Section 1.
2. Please complete Section 2. We have pre-populated the employer name and address for your convenience.
3. Examine the documents presented by the employee. There should be one document from List A or one document from List B and one document from List C of the List of Acceptable Documents. **Please note: the documents presented must be the original unexpired documents. A certified copy of their birth certificate is acceptable. You may not accept a picture, photocopy, video, etc. of the List A or List B and List C documents.** If the employee does not have the original document(s), they will need to return with them to complete the form.
4. Please fill in the required information and make a legible copy of all documents presented to you. The employee will take the original completed Form I-9 and the photocopies of their documents and mail them to the address provided below.
5. **Notary Publics: Please do not stamp the Form I-9 with your seal.** You are completing Section 2 on behalf of the UO and acting as one of our authorized representatives, not as a notary.

This section to be filled out by the hiring department only

Employee Information

Name: _____
Last Name First Name Middle Initial

Employees Hire Date: ____/____/____ (This date must be entered into the certification section of Form I-9)

UO Hiring Department Information

Dept Contact Name _____
Last Name First Name

Dept Contact Phone No. (____) _____ - _____ Dept Contact Email Address: _____

Department Name _____

Mailing Address:

Address

City State Zip

If you have any questions regarding the form or instructions, please contact the department contact listed above.