This packet should only be used by US citizens or permanent residents. Any other citizenship status should contact ISSO (http://www.bu.edu/isso/getting-started/checking-in-with-isoft/)

**Student Directions:**

- **Access and complete a Digital Form I-9:**

- **Next, access and download the Form I-9:**

- Complete Section 1 on the physical form, **don’t forget to sign and date it!** Input should match both digital and physical copy of the Form I-9.

Make sure you are checking off if you have used a preparer and/or translator to complete Section 1! If yes, please complete the bottom of Section 1.

<table>
<thead>
<tr>
<th>Preparer and/or Translator Certification (check one):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ I did not use a preparer or translator.</td>
</tr>
<tr>
<td>□ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.</td>
</tr>
</tbody>
</table>

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

- **Someone other than yourself must now complete Section 2.** They will write your last name, first name, middle initial, and citizenship/immigration status at the top as shown below:

<table>
<thead>
<tr>
<th>Section 2. Employer or Authorized Representative Review and Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Employers or their authorized representatives 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.”)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name) Smith</th>
<th>First Name (Given Name) John</th>
<th>M.I. L</th>
<th>Citizenship/Immigration Status</th>
<th>U.S Citizen</th>
</tr>
</thead>
</table>

- They will review a document from List A or a combination of documents from lists B and C to verify your identity and authorization to be employed in the United States. This list is available on page 3 of the link above.

**They must sign and date the second page.**

1. They should list “Authorized Representative” as their title, “Boston University Student Employment” as the Organization Name, and 881 Commonwealth Avenue as the business address (Boston, MA 02215)

<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>John Doe</td>
<td>07/01/2023</td>
<td>Authorized Representative</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name of Employer or Authorized Representative</th>
<th>First Name of Employer or Authorized Representative</th>
<th>Employer’s Business or Organization Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe</td>
<td>John</td>
<td>Boston University Student Employment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer’s Business or Organization Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>881 Commonwealth Avenue</td>
<td>Boston</td>
<td>MA</td>
<td>02215</td>
</tr>
</tbody>
</table>

Section 3 will **NOT** be completed.

See next page….
After the “Authorize Representative” has completed Section 2 of the Form I-9 and signed the Certification form. Email the I-9 packet to Boston University Student Employment through Secure Email: https://securecontact.me/seo@bu.edu.

Your I-9 Packet should include:

- **Section 1** of the I-9 - completed by yourself/the employee
- **Section 2** of the I-9 - completed by an *Authorized Representative* of your choosing.
  - Your authorized representative can be a friend, family member, coworker, or notary on behalf of Boston University. If you use a notary, they should **not** provide a notary seal on your Form I-9.
- **Copies** of the FRONT AND BACK of the identification used to complete Section 2 (must be readable).
- Completed Authorized Representative Certification Form

If this is your first-time using Boston University Secure Email system, Choose the “New to SecureContact” Option and follow the prompts.

*After the Student Employment office has confirmed receipt of the digital copies and processed the I-9,* You will a receive a confirmation email and be asked to send the I-9 Packet, including all the items listed above to our office for further processing and audit purposes.

**Do not** mail out the packet until you received the confirmation email.

---

The proceeding pages should be provided to your Authorized Representative for guidance in completing Section 2 of the Form I-9
We are asking you to act as our **Authorized Representative** to examine and record the Section 2 documents submitted to complete the Form I-9 by a new student employee for **BOSTON UNIVERSITY**. Because the U.S. Citizenship and Immigration Services (USCIS) requires us to verify the right of our employees to work in the U.S., we are asking you to serve as our **Authorized Representative** in this matter by examining the employee's documents for us and signing the attached Form I-9.

Please find the following:

- Form I-9 Instructions (Rev.10/31/2022) or later
- Form I-9 with Section 1 completed by the student

**STEP 1**

Verify that the **EMPLOYEE** has completed Section 1 of the Form I-9 with the following information;

1. **Last Name** *(Family Name)*
2. **First Name** *(Given Name)*
3. **Middle Initial**
4. **Other Names Used (if any)**
5. **Physical Address** *(A P.O. Box is NOT Acceptable)*
   a. **Street Name and Number**;
   b. **Apt. Number**
   c. **City or Town**
   d. **State**
   e. **Zip Code**
6. **Date of Birth**
7. **U.S. Social Security Number**
8. **E-mail Address** *(OPTIONAL)*
9. **Telephone Number** *(OPTIONAL)*
10. **Citizenship Status** *(ONLY ONE)*
   a. A citizen of the United States
   b. A noncitizen national of the United States
   c. A lawful permanent resident
      i. **Alien Registration Number/USCIS Number**
   d. An alien authorized to work until (expiration date, if applicable)
      i. **Alien Registration Number/USCIS Number**
      ii. **Form I-94 Admission Number**
         NOTE: if you obtained your admission number from CBP in connection with your arrival in the United States, include the following;
         1. **Foreign Passport Number**
         2. **Country of Issuance**
         NOTE: Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields (see instructions)
11. **Signature**
12. **Date of Completion**

![Image of Form I-9 with Section 1 completed by the student]
The Form I-9 Section that we need you (our Authorized Representative) to complete is **Section 2**. You cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization.

Employees must present document(s) from **List A** OR a combination of one document from **List B** and one document from **List C**.

- **List A** contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document.

- **List B** contains documents that show identity only, and **List C** contains documents that show employment authorization only. If an employee presents a List A document, he or she should not present a List B and List C document, and vice versa.

In the field below the **Section 2 introduction**, enter the;

A. Employee’s Last Name, First Name and Middle Initial, if any, that the employee entered in Section 1.

**NOTE; ALL DOCUMENT(S) MUST BE UNEXPIRED. Review ONLY original documents; Faxes, Photocopies, “RESTRICTED” or Laminated Social Security Cards are NOT acceptable documents.**

There are spaces indicating which document or documents were presented to you and their associated information. You must record the following information from the document(s) provided;

1. Document Title
2. Issuing Authority
3. Document Number
4. Expiration Date (if any)
2. Enter your Last Name;
3. Enter your First Name;
4. Enter your Business Name as BOSTON UNIVERSITY STUDENT EMPLOYMENT;
5. Enter your Business Physical Address as follows;
   a. 881 Commonwealth Avenue
   b. Boston
   c. MA
   d. 02215
6. Enter your Title as: Authorized Representative
7. Input Authorized Representative Signature.
8. Enter the Completion Date. This is the date you reviewed and recorded the employee’s document information.

**Certification**

I certify, 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.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5a</th>
<th>5b</th>
<th>5c</th>
<th>5d</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>First Name (Given Name)</td>
<td>Last Name (Family Name)</td>
<td></td>
<td>Number and Name</td>
<td>City or Town</td>
<td>Zip Code</td>
</tr>
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</tr>
<tr>
<td>6</td>
<td>7</td>
<td>8</td>
<td>Date of Hire</td>
<td>Title of Employee</td>
<td>Signature of Employer or Authorized Representative</td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**IMPORTANT – PLEASE UNDERSTAND THE FOLLOWING:**

WHILE ACTING AS THE “AUTHORIZED REPRESENTATIVE” FOR THE COMPLETION OF SECTION 1 & 2 OF THE FORM I-9, YOU ARE EXECUTING THE FORM I-9 DOCUMENT “UNDER PENALTY OF PERJURY” AND THEREFORE ARE ATTESTING TO THE FACT THAT YOU COMPLETELY UNDERSTAND THE CONTENT OF THE CERTIFICATION BOX IN SECTION 2 OF THE FORM I-9

**STEP 3**

We also need you to complete the REMOTE HIRE “AUTHORIZED REPRESENTATIVE” CERTIFICATION FORM:

1. Complete the Employee’s Information section;
2. Complete the Authorized Representative section;

If you have questions or concerns regarding the completion process, please contact the BOSTON UNIVERSITY Representative listed on the Remote Hire Certification Form (next page).
REMOTE HIRE “AUTHORIZED REPRESENTATIVE” CERTIFICATION FORM

ENTER THE EMPLOYEE INFORMATION:
NAME: LAST ________________________ FIRST ____________________ M.I. ____

DATE OF BIRTH ____________________

DATE OF HIRE ___________________
(THE DATE ENTERED IN THE SECTION 2 CERTIFICATION SECTION OF THE FORM I-9)

________________________________________

ENTER YOUR INFORMATION AS THE AUTHORIZED REPRESENTATIVE:

NAME: LAST ________________________ FIRST ____________________ M.I. ____

TITLE: ___________________________ PHONE NO. ___________________________

SIGNATURE: ________________________ DATE: ___________________________