



Form I-9 Authorized Representative Agreement

1. **I UNDERSTAND AND AGREE** to fulfill the responsibilities as an authorized representative for preparation of Form I-9's for my college/school/campus/department:
_____.
2. **I HAVE READ AND UNDERSTAND** the instructions for completion of Form I-9 as explained in I-9 Central at: <https://www.uscis.gov/i-9-central>.
3. **I AGREE** to ensure timely completion of Form I-9 for new hire employees on or before the effective date of hire.
4. **I UNDERSTAND** that my use of the information obtained for completion of the Form I-9 Section 2 - Employer or Authorized Representative Review and Verification and subsequent E-Verify Authorization, will be for the sole purpose of verifying the employment eligibility of newly hired employees in my area of responsibility, and for no other purpose.
5. **I UNDERSTAND** a copy of this agreement will be maintained in my college/school/campus/ department.
6. **I UNDERSTAND** that by virtue of my employment with the University of South Carolina and my role as an authorized preparer of Form I-9, I have access to data, information and files in various forms that contain individually identifiable personal information, the removal and/or disclosure of which may be prohibited by federal or state law or by University policy. I acknowledge that the removal of or disclosure by me of personal information to any unauthorized person could subject me to criminal or civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also may violate University of South Carolina policy and could constitute just cause for disciplinary action including termination of my employment on the first offense, regardless of whether or not criminal or civil penalties are imposed.

My signature below denotes I have read, understand and agree to comply with the terms and conditions listed above.

Print Name

College/School/Campus/Department

E-mail Address

Phone Number

Signature

Date (mm/dd/yyyy)

Supervisor Agreement:

My signature below denotes that this employee has reviewed the Form I-9 and was trained as an authorized preparer for completion of Form I-9 on behalf of our College/School/Campus/Department.

Supervisor Signature

Printed Name