AGENT AUTHORIZATION FORM

PART 1

APPLICATION - TO BE COMPLETED BY THE AGENT

I am applying to act as the agent for Wayne State University ("WSU") for the purpose of examining and accurately recording the information on the original documentation and any other information, required to complete Section 2 of the Employment Eligibility Verification I-9 Form for ___________________________ ("Employee"), who

Employee’s Name

has accepted employment at WSU. By signing below, I certify that I have received the appropriate training to complete Employment Eligibility Verification I-9 Forms and/or that I process Employment Eligibility Verification Forms I-9 as a regular part of my job. I further represent that I am one of the following:

☐ a Human Resources professional at the employee’s home institution;
☐ a staff member in an International Center office at the employee’s home institution;
☐ an attorney
☐ a notary public. IMPORTANT: if notary, please place the notary seal at the bottom of the AGENT AUTHORIZATION form and attach a notary certificate to the documents being notarized.

Agent hereby accepts such appointment.

Applicant - Print Name: ________________________________
Applicant - Signature: ________________________________
Date: ________________________________

IMPORTANT: If notary, please place your notary seal below and attach a notary certificate to the documents being notarized.

PART 2

AGENCY AGREEMENT - TO BE COMPLETED BY WSU REPRESENTATIVE

Wayne State University ("WSU") by ________________________________, its ________________________________

Name of WSU Representative Title

hereby appoints ________________________________ ("Agent"), and Agent hereby accepts such appointment

Name of Agent

to serve as WSU’s agent solely for the purpose of examining and accurately recording the information on the original documentation and any other information, required to complete Section 2 of the Employment Eligibility Verification Form I-9 for Employee.

WAYNE STATE UNIVERSITY

By: ________________________________
Its: ________________________________
Date: ________________________________

AGENT

______________________________
______________________________
Date: ________________________________