

Notary Form for I-9 Processing

Name of Employee	e			
(Please Print)	Last Name	First Name	MI	
State of:		County of:		
examined the docu	ment(s) presented	in the year by the above-named, and above-named individua	d that the docu	, I attest that I have uments presented
Documents which	were presented:			
Name of Document		Document Number		_
Name of Document		Document Number		_
Notary Public Signature		Date Commission Expire	28	

Additional Instructions: Please attach photocopies of the examined document(s) and send to the attention of the appropriate University point of contact or department at this address:

Bucknell University Human Resources Cooley Hall Lewisburg, PA 17837 Attn: Kelly Dinan