



Missouri State
UNIVERSITY

Notary Form for I-9 Processing

Name of Employee: _____
(Please Print) Last Name First Name MI

State of: _____ County of: _____

On this _____ day of _____ in the year _____, I attest that I have examined the document(s) presented by the above-named, and that the documents presented appear to be genuine and relate to the above-named individual.

Documents which were presented:

Name of Document

Document Number

Name of Document

Document Number

Notary Public Signature

Date Commission Expires

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:

Missouri State University
901 South National Avenue
Springfield, Missouri 65897
Attn: