Yale University

Date: __________________________

Dear __________________________,

I understand that you hold the position of either a University HR I-9 Representative or a Notary Public, and in that position, you are responsible for the completion of Employment Eligibility Verification I-9 forms. Yale University is requesting and authorizing you, on behalf of Yale University, to complete the I-9 form for the benefit of its employee, __________________________.

(Fill in the name of employee needing the I-9 authorization)

Please acknowledge your acceptance of this authorization by signing below.

Sincerely,

______________________________

University HR Representative or Notary Public
Name: __________________________
Signature: _______________________
University: _______________________
Seal/Stamp: _____________________

Yale University Remote I-9 Authorization letter 1_2019