



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 individual, and the document(s) 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 for the employee: 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:

George Mason University
4400 University Dr.
MSN _____
Fairfax, VA 22030-4422
Attn:

Human Resources & Payroll

4400 University Dr., Fairfax, VA 22030-4422
Phone: 703-993-2600; Fax: 703-993-2601