



1. **I UNDERSTAND AND AGREE** to fulfill the responsibilities as an authorized representative for preparation of Form I-9's and as an E-Verify Program Administrator for preparation of an E-Verify for my college/school/campus/department: \_\_\_\_\_  
\_\_\_\_\_.
2. **I UNDERSTAND AND AGREE** to fulfill additional responsibilities associated with an E-Verify Program Administrator to include:
  - a) Appoint E-Verify General Users in your college/school/campus/department
  - b) Ensure General Users in your area are I-9 and E-Verify trained and certified
  - c) Maintain a current listing of authorized General Users
  - d) Update E-Verify Coordinator in the Division of Human Resources regarding changes
  - e) Provide a copy of General User's E-Verify certification to the Division of Human Resources
  - f) Maintain a copy of I-9 and E-Verify General User Agreements in your area as well as provide a copy to E-Verify Coordinator in the Division of Human Resources
  - g) Maintain your I-9 records in I-9 Advantage and close cases as needed.
3. **I HAVE READ AND UNDERSTAND** the instructions for completion of a Form I-9 as explained in I-9 Central at: <https://www.uscis.gov/i-9-central> and the instructions for completion of E-Verify by participating in the E-Verify online tutorial and certification test at: <https://www.e-verify.gov/>.
4. **I AGREE** to ensure timely completion of Form I-9 and E-Verify for new hire employees on or before the effective date of hire and to maintain my college/school/campus/department's I-9 records in I-9 Advantage.
5. **I UNDERSTAND** that my use of the information obtained for completion of the Form I-9, Section 2 - Employer or Authorized Representative Review and Verification and subsequent E-Verify authorization, will be for the sole purpose of verifying the employment eligibility of newly hired employees in my area of responsibility, and for no other purpose.
6. **I UNDERSTAND** a copy of this agreement is maintained with my college/school/campus/department and with the Division of Human Resources.
7. **I UNDERSTAND** that by virtue of my employment with the University of South Carolina and my role as an authorized preparer of Form I-9 and as a Program Administrator in the E-Verify system, I have access to data, information and files in various forms that contain individually identifiable personal information, the removal and/or disclosure of which may be prohibited by federal or state law or by University policy. I acknowledge that the removal of or disclosure by me of personal information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also may violate University of South Carolina policy and could constitute just cause for disciplinary action including termination of my employment on the first offense, regardless of whether or not criminal or civil penalties are imposed.

My signature below denotes I have read, understand and agree to comply with the terms and conditions listed above.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
College/School/Campus/Department

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Supervisor Agreement:**

My signature below denotes that this employee will fulfill the responsibilities as an authorized representative for completion of Form I-9 and E-Verify on behalf of our college/school/campus/department.

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Supervisor Signature

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Printed Name