

***List A:  
Documents that  
Establish Identity AND  
Authorization to Work in  
the United States***

# PASSPORT CARD

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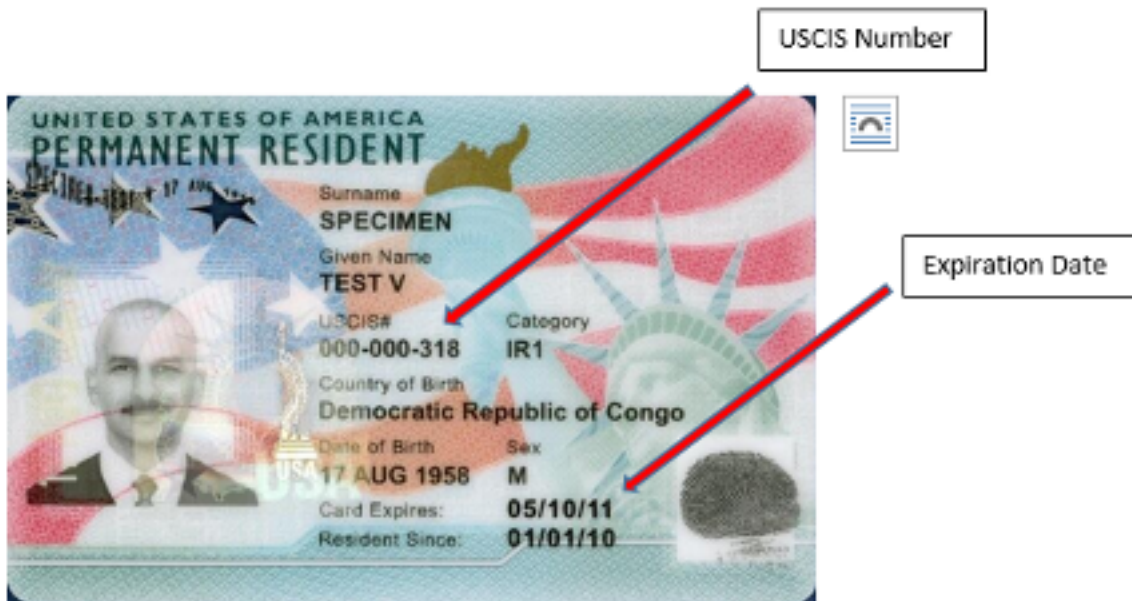
Needs Document From: Not Applicable

Scan and Upload: Front and Back

Expiration: Do no accept expired document

Notes:

# PERMANENT RESIDENT CARD



Needs Document From: Not Applicable

Scan and Upload: Front and Back

Expiration: Do not accept expired document

Notes: The Permanent Resident (Green Card) document number is also located in the middle of the first line on the back of the card. The document is three letters followed by 10 digits.

# EMPLOYMENT AUTHORIZATION CARD



Needs Document From: Not Applicable

Scan and Upload: Front and Back

Expiration: Do not accept expired document

Notes: document number is also located on the in the middle of the first line on the back of the card. The document is three letters followed by 10 digits. Reverification is required.

# FOREIGN PASSPORT

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**Needs Document From:** I-94

**Scan and Upload:** Not Applicable

**Expiration:** Do not accept expired document

**Notes:** I-94 can be internet print out, stamp, or I-797A tear off card.  
Reverification is required.



# I-94

**U.S. Customs and Border Protection**  
Securing America's Borders

Get I-94 Number | I-94 FAQ

**Admission (I-94) Number Retrieval**

Admission (I-94) Record Number: 69000888062

Admit Until Date (MM/DD/YYYY): 10/10/2012

Details provided on Admission(I-94) form:

Family Name:	LI
First (Given) Name:	LYDIA
Birth Date (MM/DD/YYYY):	01/01/1990
Passport Number:	P123123213
Passport Country of Issuance:	Mexico
Date of Entry (MM/DD/YYYY):	04/11/2012
Class of Admission:	B1

Callout boxes and arrows:  
- I-94 Number: points to 69000888062  
- Expiration Date: points to 10/10/2012  
- Admission Category: points to B1

Needs Document From: Foreign Passport

Scan and Upload: Not applicable


Expiration: Do not accept expired document

Notes: I-94 can be internet print out, stamp, or I-797A tear off card.  
Reverification is required.

# DS-2019

SEVIS Number

DS-2019 (REV. 07-14-15)  
 FORM DS-2019 (REV. 07-14-15)  
 Page 2



U.S. Department of State  
**CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)**

1. Exchange Visitor Name: [REDACTED] Gender: <b>FEMALE</b> A NO. 1: [REDACTED]		J-1
Date of Birth (MM/DD/YYYY): [REDACTED] City of Birth: [REDACTED] Country of Birth: <b>CHINA</b> Citizenship Country Code: <b>CH</b> Citizenship Country: <b>CHINA</b>		
Legal Permanent Residence Country Code: <b>CH</b> Legal Permanent Residence Country: <b>CHINA</b> Position Code: <b>213</b> Position: <b>UNIVERSITY TEACHING STAFF INCLUDING B</b> Primary School Address: <b>Emory University</b> <b>Atlanta, GA 30322</b>		
3. Program Sponsor: <b>Emory University</b> Program Number: <b>F-1 [REDACTED]</b> Funding Program Official Description: <b>PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; SPECIALIST; STUDENT ASSOCIATE; STUDENT BACHELORS;</b> <b>STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE</b>		
Purpose of Application: <b>Amend previous form; Update financial information</b>		
1. Term Dates Period: From (mm/dd/yyyy): <b>09-01-2015</b> To (mm/dd/yyyy): <b>08-31-2016</b>	4. Exchange Visitor Category: <b>C RESEARCH SCHOLAR</b> Subject/Field Code: <b>D 35.0101</b> Subject/Field Code Remarks: <b>Visiting Research Scholar pursuing research and teaching on research projects related to r</b>	
5. During the period covered by this form, the most relevant financial support (i.e., U.S. dollars) provided to the exchange visitor by:		
U.S. DEPARTMENT OF STATE, DEGREE OR CERTIFICATION BY RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER THAT A TRUE AND CORRECT COPY OF THIS FORM HAS BEEN FURNISHED TO THE U.S. DEPARTMENT OF STATE (50 CFR 610.73)		Alternate Responsible Officer: Title: _____ Address: <b>1788 North Decatur Road</b> <b>Suite 130</b> <b>Atlanta, GA 30322</b> Telephone Number: <b>404-727-3300</b> Date (mm/dd/yyyy): _____
6. Signature of Responsible Officer or Alternate Responsible Officer (FOR USE BY OFFICE OF PROCEEDS) I/We (mm/dd/yyyy) _____ Title of Responsible Officer (mm/dd/yyyy) _____ Sponsorship: _____ I/We (mm/dd/yyyy) _____ Title of Alternate Responsible Officer (mm/dd/yyyy) _____ Sponsorship: _____		
WILLINGNESS EMPLOYMENT OF CONSULAR OR IMMIGRATION OFFICE REPRESENTATIVE REGARDING SECTION 216(b) OF THE IMMIGRATION AND NATIONALITY ACT AND PUBLIC LAW 105-274 (a)		<b>F TRAVEL VALIDATION BY RESPONSIBLE OFFICER</b> (Minimum validation period is up to 6 months from date of issuance and is subject to Entry Operations and Document Control)
The Exchange Visitor in this form agrees to:		SIGNATURE OF RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER: _____ Title: _____ Date (mm/dd/yyyy): _____
1. <input type="checkbox"/> Adherence to the foreign residence requirement.		SIGNATURE OF EXCHANGE VISITOR: _____ Title: _____ Date (mm/dd/yyyy): _____
2. <input type="checkbox"/> Adherence to any other residence requirement limitations:		SIGNATURE OF RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER: _____ Title: _____ Date (mm/dd/yyyy): _____
A. <input type="checkbox"/> Consistent with the law.		SIGNATURE OF RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER: _____ Title: _____ Date (mm/dd/yyyy): _____
B. <input type="checkbox"/> The Exchange Visitor holds Law number:		SIGNATURE OF RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER: _____ Title: _____ Date (mm/dd/yyyy): _____
C. <input type="checkbox"/> The Exchange Visitor is not a national of the United States.		SIGNATURE OF RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER: _____ Title: _____ Date (mm/dd/yyyy): _____
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATIONS REGARDING DS-2019.		
EXCHANGE VISITOR CERTIFICATE (I, the undersigned, agree with the information on this page 2 of this document)		
Signature of Applicant: _____ Title: _____ Date (mm/dd/yyyy): _____		Signature of Responsible Officer or Alternate Responsible Officer: _____ Title: _____ Date (mm/dd/yyyy): _____

Expiration Date

Needs Document From: Foreign Passport and I-94

Scan and Upload: Not applicable

Expiration: Do not accept expired document

Notes: I-94 can be internet print out, stamp, or I-797A tear off card. Reverification is required.

SEVIS Number

Department of Homeland Security  
U.S. Immigration and Customs Enforcement

1-20, Certificate of Eligibility for Nonimmigrant Student Status  
OMB NO. 1653-0038

**SEVIS ID: N0004705512**

<b>SURNAME/PRIMARY NAME</b> Doe Smith	<b>GIVEN NAME</b> John	<b>CLASS</b>  <b>F-1</b>  <b>ACADEMIC AND LANGUAGE</b>	
<b>PREFERRED NAME</b> John Doe-Smith	<b>PASSPORT NAME</b>		
<b>COUNTRY OF BIRTH</b> UNITED KINGDOM	<b>COUNTRY OF CITIZENSHIP</b> UNITED KINGDOM		
<b>DATE OF BIRTH</b> 01 JANUARY 1980	<b>ADMISSION NUMBER</b>		
<b>FORM ISSUE REASON</b> INITIAL ATTENDANCE	<b>LEGACY NAME</b> John Doe-Smith		
<b>SCHOOL INFORMATION</b>			
<b>SCHOOL NAME</b> SEVP School for Advanced SEVIS Studies SEVP School for Advanced SEVIS Studies	<b>SCHOOL ADDRESS</b> 9302 Nancy Lane, Ft. Washington, MD 20744		
<b>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL</b> Helene Robertson FDSO	<b>SCHOOL CODE AND APPROVAL DATE</b> BAL214P6444400 03 APRIL 2015		
<b>PROGRAM OF STUDY</b>			
<b>EDUCATION LEVEL</b> DOCTORATE	<b>MAJOR 1</b> Economics, General 45.0601	<b>MAJOR 2</b> None 00.0100	
<b>NORMAL PROGRAM LENGTH</b> 72 Months	<b>PROGRAM ENGLISH PROFICIENCY</b> Required	<b>ENGLISH PROFICIENCY NOTES</b> Student is proficient	
<b>PROGRAM START DATE</b> 01 SEPTEMBER 2015	<b>PROGRAM END DATE</b> 31 MAY 2021		
<b>FINANCIALS</b>			
<b>ESTIMATED AVERAGE COSTS FOR: 9 MONTHS</b>		<b>STUDENT'S FUNDING FOR: 9 MONTHS</b>	
Tuition and Fees	\$ 23,000	Personal Funds	\$ 3,000
Living Expenses	\$ 6,000	Scholarship and Teaching Assistantship	\$ 29,000
Expenses of Dependents (1)	\$ 3,000	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
<b>TOTAL</b>	<b>\$ 32,000</b>	<b>TOTAL</b>	<b>\$ 32,000</b>
<b>REMARKS</b>			
Orientation begins 8/25/2015. Please report to ISSS upon arrival.			
<b>SCHOOL ATTESTATION</b>			
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.			
<input checked="" type="checkbox"/>	<b>DATE ISSUED</b>	<b>PLACE ISSUED</b>	
<b>SIGNATURE OF:</b> Helene Robertson, FDSO	21 April 2015	Ft. Washington, MD	
<b>STUDENT ATTESTATION</b>			
I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. <b>Parent or guardian, and student, must sign if student is under 18.</b>			
<input checked="" type="checkbox"/>	<b>SIGNATURE OF:</b> John Doe Smith	<b>DATE</b>	
<input checked="" type="checkbox"/>	<b>SIGNATURE</b>	<b>DATE</b>	
<b>NAME OF PARENT OR GUARDIAN</b>	<b>SIGNATURE</b>	<b>ADDRESS (city/state or province/country)</b>	
		<b>DATE</b>	

Expiration Date

Needs Document From: Foreign Passport and I-94

Scan and Upload: Not Applicable

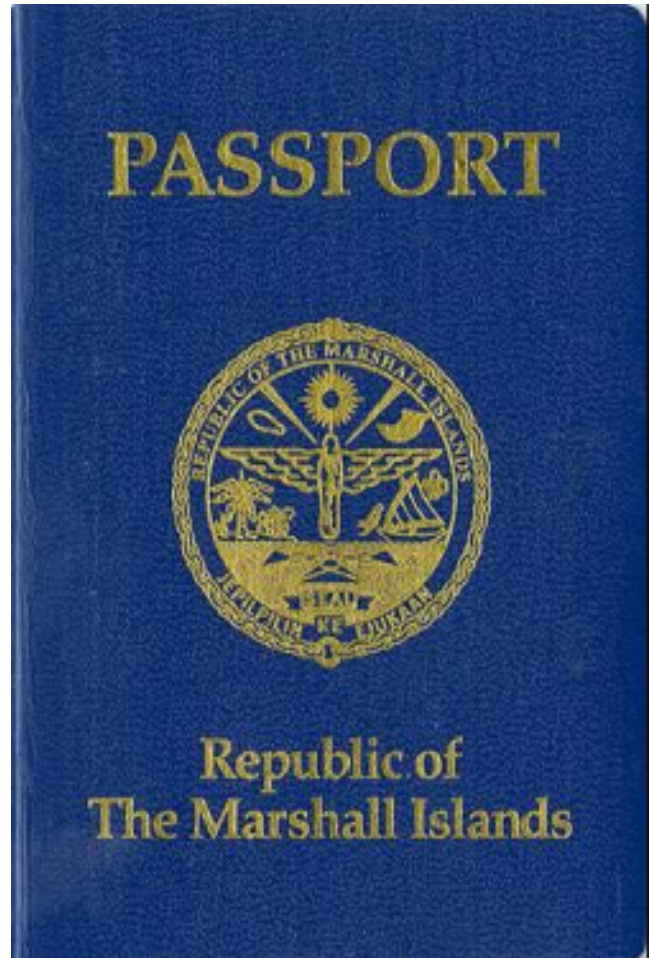
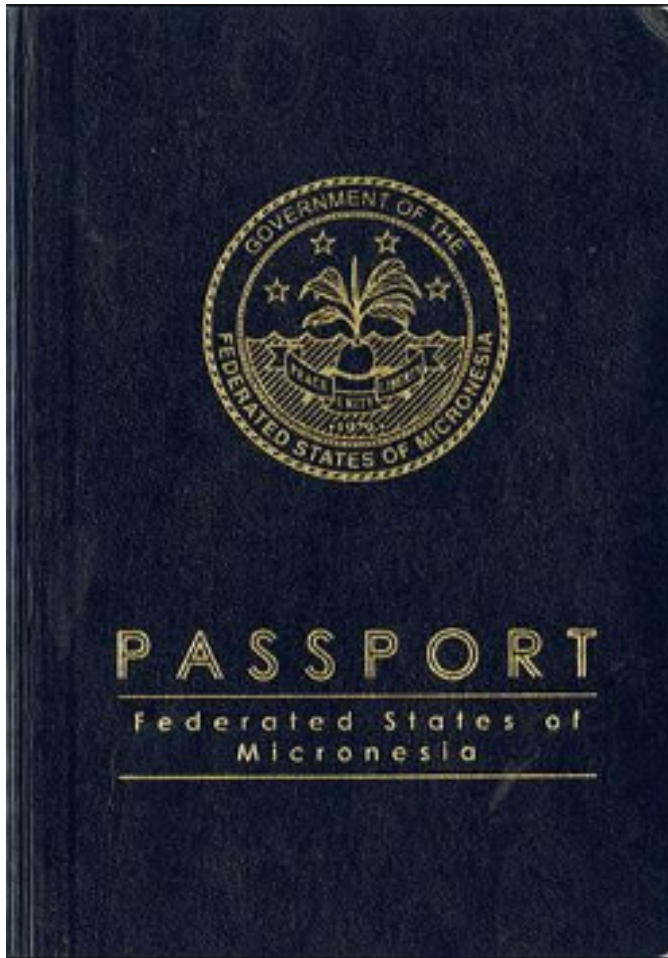
Expiration: Do not accept expired document

Notes: I-94 can be internet print out, stamp, or I-797A tear off card.  
Reverification is required.



# PASSPORT FROM FEDERATED STATES OF MICRONESIA/ REPUBLIC OF THE MARSHALL ISLANDS

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Needs Document From: I-94

Scan and Upload: Not Applicable

Expiration: Do not accept expired document

Notes: I-94 can be internet print out, stamp, or I-797A tear off card.

**FOREIGN PASSPORT CONTAINING FORM I-551 STAMP OR TEMPORARY FORM I-551 PRINTED NOTATION ON MACHINE READABLE IMMIGRANT VISA (MRIV)**



Expiration Date



I-551 Stamp



MRIV

I-551 Printed Notation

- Needs Document From: Not Applicable
- Scan and Upload: Not Applicable
- Expiration: Do not accept expired document
- Notes: Reverification is required.

***List B:***  
***Documents that***  
***Establish Identity***



# DRIVER'S LICENSE

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Document  
Number



Expiration  
Date

Needs Document From: List C

Scan and Upload: not Applicable

Expiration: Do not accept expired document

Notes: If employee presents expired license AND valid temporary license, can accept, use expiration on temporary license

# STATE ID CARD



Document  
Number

Expiration  
Date

Needs Document From: List C

Scan and Upload: Not Applicable

Expiration: Do not accept expired document

Notes:



# VOTER REGISTRATION CARD

Issuing Authority

**YOUR NEW VOTER CARD**

YOUR ELECTION DAY POLLING PLACE IS:

▼ Your New Voter Registration Card ▼

**VOTER'S CERTIFICATE OF REGISTRATION**  
ISSUED BY **Lauren Staley Ferry**, WILL COUNTY CLERK  
[www.thewillcountyclerk.com](http://www.thewillcountyclerk.com)

Date of Issue:  
Precinct:

**EXERCISE YOUR RIGHT TO VOTE**

Signature:  
If address changes will be Will County, please complete reverse side and return.

▲ FOLD HERE ▲

**Your Election Day Polling Place is:**

ELIGIBLE VOTING DISTRICTS: TAX CODE:

Will County Clerk's Office  
302 North Chicago Street  
Joliet, Illinois 60432

00444156

OFFICIAL ELECTION MAIL  
Approved by the U.S. Postal Service

First Class  
POST  
U.S. Postage  
**PAID**  
Joliet, IL  
Permit No. 368

RETURN SERVICE REQUESTED

This is your new Voter Card which we are mandated to issue every two years.

- We are required to update your registration address based on information received from the U.S. Postal Service National Change of Address. If you REJECT this change, contact my office immediately.
- Remember, it is your responsibility to keep your voting address current. If you or a family member in your household have moved, please contact my office immediately by completing and signing the form on the reverse side of this card or visiting my website.

All eligible Will County voters have options for casting a ballot:

- Vote by Mail
- Early Voting
- Election Day Voting at your designated Polling Place

The choice is yours — just VOTE!

Visit our website for all election-related information:  
[www.thewillcountyclerk.com](http://www.thewillcountyclerk.com)

Sincerely,  
*Lauren Staley Ferry*  
Lauren Staley Ferry  
Will County Clerk

Call Along Dotted Line, Do Not Fold Here

Recycled Source Recycled Paper  
PSC

Needs Document From: List C

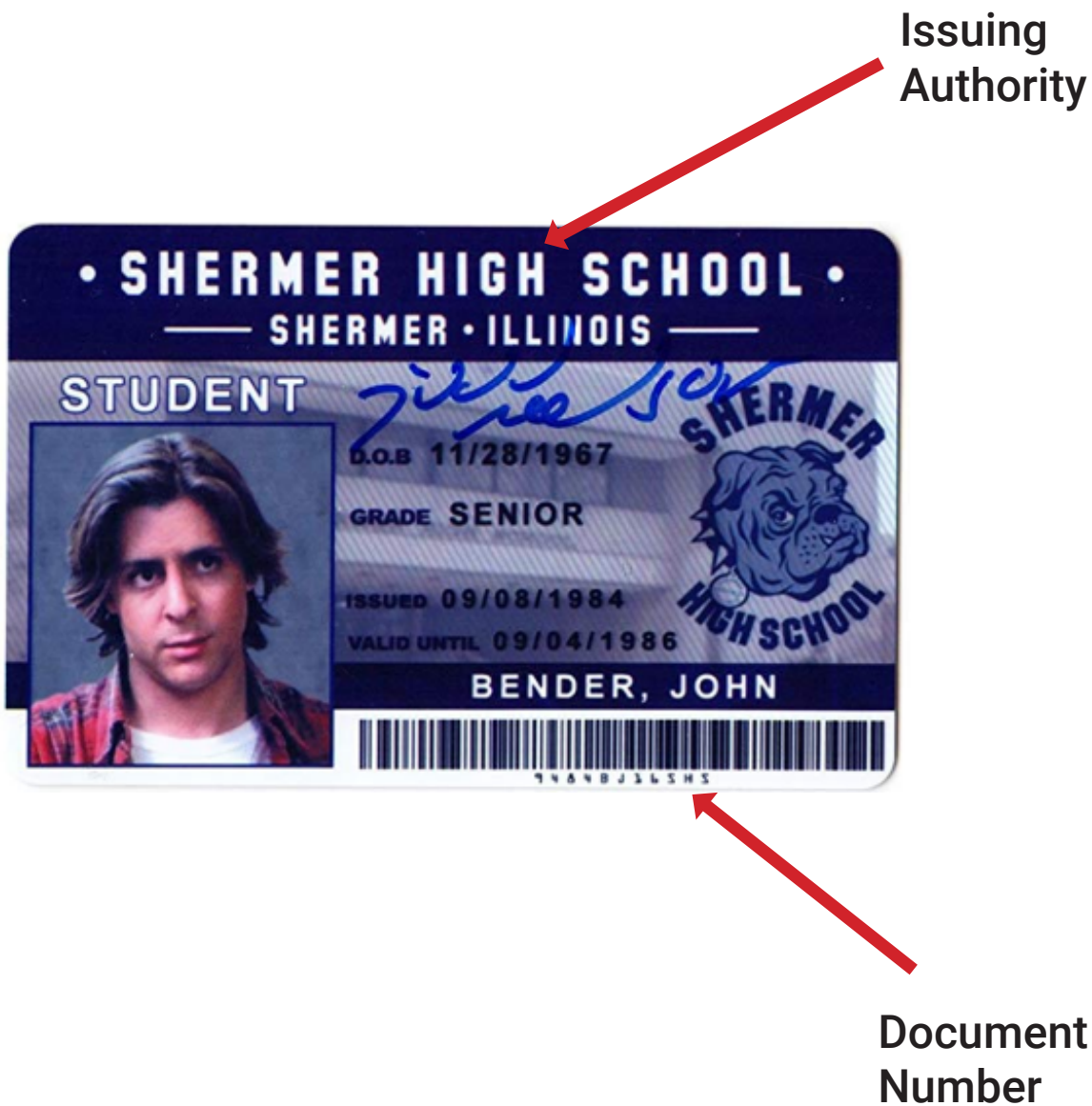
Scan and Upload: Not Applicable

Expiration: Not Applicable

Notes: Document varies widely

# SCHOOL ID WITH PHOTOGRAPH

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Needs Document From: List C

Scan and Upload: Not Applicable

Expiration: Not Applicable

Notes: If no document number exists enter N/A

# U.S. MILITARY CARD/DEPENDENT CARD

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Issuing  
Authority



Expiration  
Date

Needs Document From: List C

Scan and Upload: Not Applicable

Expiration: Do not accept expired document

Notes: If no document number exists enter N/A

# U.S. COAST GUARD MERCHANT MARINER DOCUMENT CARD

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Document Number



Expiration Date

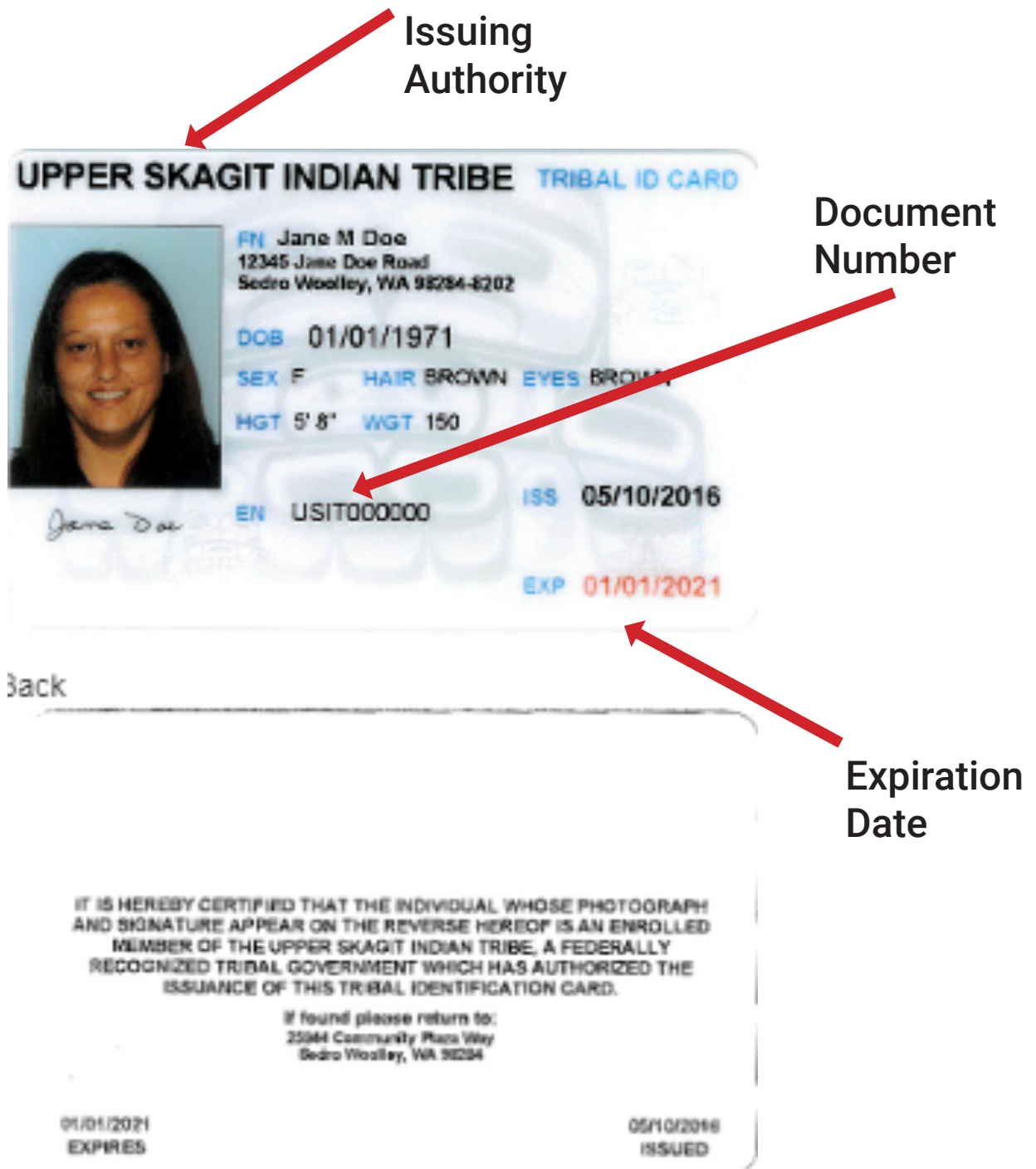
Needs Document From: List C

Scan and Upload: Not Applicable

Expiration: Do not accept expired document

Notes:

# NATIVE AMERICAN TRIBAL DOCUMENT



Needs Document From: List B

Scan and Upload: Not Applicable

Expiration: Do not accept expired document

Notes: Documents vary widely. This document is included as both a List B and C option (but not List A), and can therefore be used alone to establish both identity and employment eligibility; in which case it can be listed under both List B and List C in Section 2.



# CANADIAN DRIVER'S LICENSE

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Issuing Authority

Document Number



Expiration Date

Needs Document From: List C

Scan and Upload: Not Applicable

Expiration: Do not accept expired document

Notes: Documents vary widely.

# SCHOOL RECORD / REPORT CARD

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Issuing Authority

Document Number



Expiration Date

Needs Document From: List C

Scan and Upload: Not Applicable

Expiration: Do not accept expired document

Notes: Documents vary widely.

# SCHOOL RECORD / REPORT CARD



**SCARSDALE**  
PUBLIC SCHOOLS

Quaker Ridge School  
Felix Oil, Principal  
128 Weaver Street  
Scarsdale, NY, 10583  
(914) 724-2700

Amidala, Padma  
Student Number: 307555  
Grade: 05  
Teacher: YODA  
2015 - 2016

E	Consistently exceeds curriculum expectations
M	Meets curriculum expectations
P	Progressing toward curriculum expectations
N	Not yet meeting curriculum expectations
NA	Not Applicable

<b>Attendance Record</b>	T1	T2	T3	<b>Totals</b>
Days Tardy	1	0	0	1
Days Absent	0	0	0	0

T1	T2	T3
----	----	----

**Behaviors that Promote Learning:**

Is considerate and respectful of others T1: Good Job!	E		
Demonstrates a positive attitude	E		
Can initiate and complete a task independently	E		
Organizes materials and uses time wisely	E		
Takes pride in quality of work T1: Good Job!	E		
Seeks help appropriately	E		

**Reading:**

Fluency - Accuracy, expression, and font	E		
Comprehension - Understands texts on a literal level - Makes inferences beyond the literal comprehension of a text - Responses include supporting details from texts T1: Good Job!	E		
Behaviors - Selects appropriate texts from a variety of genres - Displays stamina	I		
Effort	E		

**Writing:**

Structure - Produces clear/coherent writing, appropriate to task, purpose, and audience T1: Good Job!	E		
Conventions - Uses written conventions (accurate spelling, grammar, and mechanics) - Acquires and utilizes vocabulary	E		
Development - Plans, organizes, and revises to improve overall quality of writing - Uses figurative language appropriately	E		
Effort	E		

Needs Document From: List C

Scan and Upload: Not Applicable

Expiration: Not Applicable

Notes: \*Acceptable for individuals under 18 yrs old who present other list B documents. Documents vary widely. If no document number exists enter N/A.

# DOCTOR RECORD

## UNIVERSAL CHILD HEALTH RECORD

Endorsed by:  
 American Academy of Pediatrics, New Jersey Chapter  
 New Jersey Academy of Family Physicians  
 New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) (First)		Gender	Date of Birth		
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number	Work Telephone/Cel Phone Number		
Parent/Guardian Name		Home Telephone Number	Work Telephone/Cel Phone Number		
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date				This form may be released to WIC <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)		Height (must be taken within 30 days for WIC)	
		Heart Circumference (if < 2 years)		Blood Pressure (if > 3 years)	
<b>IMMUNIZATIONS</b>		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Special Equipment Needs • List items necessary for daily activities:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Special Diet/Vitamins & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
Emergency Plans • List emergency plan that might be needed and the signs/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments		
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Result/Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (type of indication)			Dental		
Other:			Developmental		
Other:			Scabies		
Name of Health Care Provider (Print)			Health Care Provider Stamp		
Signature/Date					

CH-14 JAN 06

Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider

Needs Document From: List C

Scan and Upload: Not Applicable

Expiration: Not Applicable

Notes: \*Acceptable for individuals under 18 yrs old who present other list B documents. Documents vary widely. If no document number exists enter N/A.

# DAYCARE RECORD

## CHILD SYMPTOM RECORD WHILE IN CHILD CARE

Child's Name: \_\_\_\_\_ Room: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

MAIN SYMPTOM: \_\_\_\_\_

When it began: \_\_\_\_\_ How long it lasted: \_\_\_\_\_

OTHER SYMPTOMS: Complaints \_\_\_\_\_  
General appearance (e.g., comfort, mood, behavior, activity level, appetite)

### CIRCLE SYMPTOMS:

Breathing: cough wheezing breathing fast difficulty breathing other \_\_\_\_\_

Skin: pale flushed rash sores swelling bruises itchiness other \_\_\_\_\_

Vomiting: (# times) \_\_\_\_\_ Diarrhea: (# times) \_\_\_\_\_

Eyes: pink/red watery discharge (yellow/green) crusty swollen other \_\_\_\_\_

Mouth: sores drooling difficulty swallowing other \_\_\_\_\_

Temperature: \_\_\_\_\_ Breaths per minute: \_\_\_\_\_

Liquids (name, amount, time) \_\_\_\_\_ Food \_\_\_\_\_

Sleep \_\_\_\_\_ Medications (name, amount, time) \_\_\_\_\_

Emergency measures \_\_\_\_\_

Comments: \_\_\_\_\_

Staff Person Completing the Record \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

### ATTENTION:

\* original for center files  
\* copy to parent/guardian

- IT IS SUGGESTED - that you follow up with your health care provider regarding the symptoms listed above.
- IT IS REQUIRED - that you follow up with your health care provider regarding the symptoms listed above. A written note, with special instructions, from your health care provider is necessary before your child may return to care.

Center Director or Child Care Provider Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### To the Health Care Provider: Please complete the following information

Name of Health Care Provider: \_\_\_\_\_ Phone Number \_\_\_\_\_

Please indicate when the child may return to child care \_\_\_\_\_

Information and Special Care Instructions for child care \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete a Medication Authorization form, if needed

Needs Document From: List C

Scan and Upload: Not Applicable

Expiration: Not Applicable

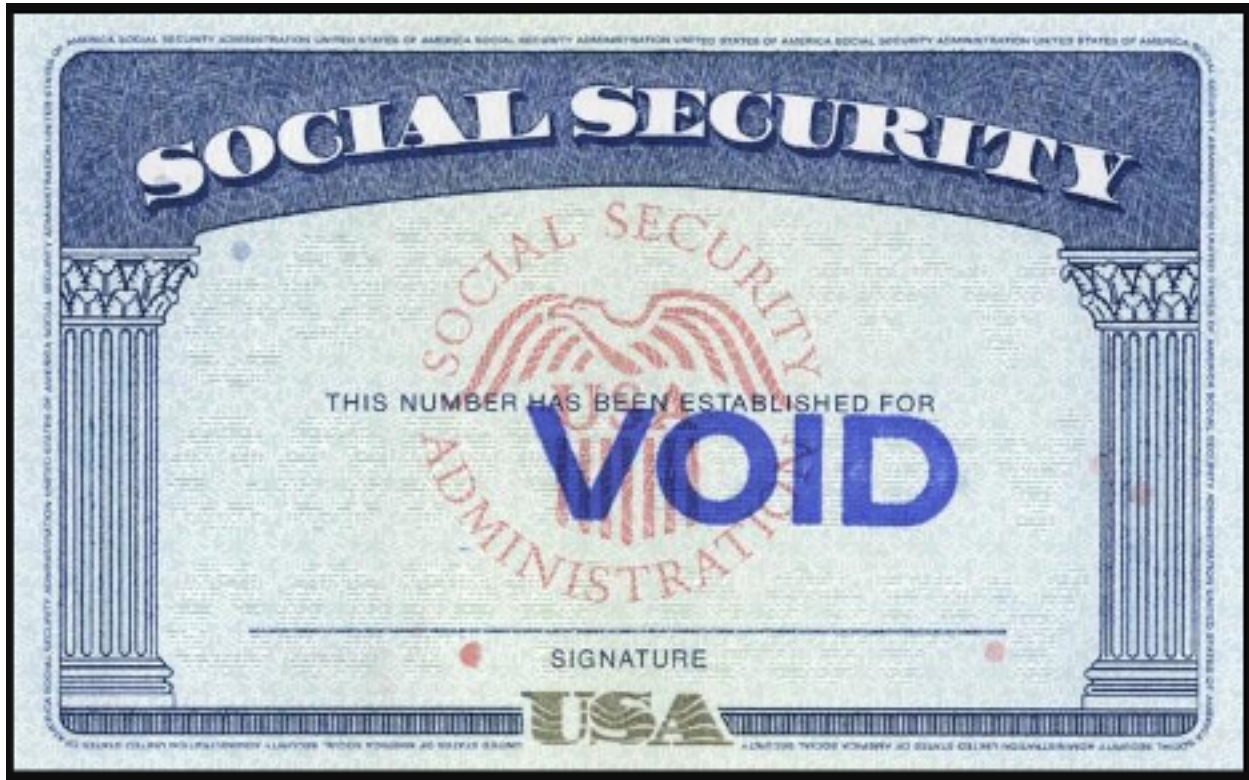
Notes: \*Acceptable for individuals under 18 yrs old who present other list B documents. Documents vary widely. If no document number exists enter N/A.



***List C:***  
***Documents that***  
***Establish Authorization***  
***to Work in the United***  
***States***

# U.S. SOCIAL SECURITY CARD

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Needs Document From: List B

Scan and Upload: Not Applicable

Expiration: Not Applicable

Notes: Temporary numbers have zeros in the middle, i.e. ###-00-####. These cannot be used for E-Verify, employee must amend Section 1 of I-9 with permanent SSN within 4-6 weeks of Section 2 completion.

# CONSULAR REPORT OF BIRTH ABROAD



Issuing  
Authority

Document  
Number

Needs Document From: List B

Scan and Upload: Not Applicable

Expiration: Not Applicable

Notes: Temporary numbers have zeros in the middle, i.e. ###-00-####. These cannot be used for E-Verify, employee must amend Section 1 of I-9 with permanent SSN within 4-6 weeks of Section 2 completion.

# CERTIFICATE OF BIRTH ABROAD

DEPARTMENT OF STATE  
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

**Certification of Birth Abroad**  
of a Citizen of the United States of America

This is to certify that according to records on file in this Office

JOHN TRAM WILLARDEN ROSE

Sex MALE was born at US NAVAL HOSPITAL, OKINAWA, JAPAN  
on AUGUST 13, 1990 Report of birth recorded on SEPTEMBER 14, 1990

In Witness Whereof, I have hereunto subscribed my name and affixed the seal of the Consular Service of the United States of America at NAHA, JAPAN  
this 14TH day of SEPTEMBER 19 90

(SEAL)

[Signature]  
CONSUL of the United States of America

WARNING: This certificate is not valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the office of issuance.

Form FD-845  
1-73

50-10801-2 GPO

Issuing  
Authority

Needs Document From: List B

Scan and Upload: Not Applicable

Expiration: Not Applicable

Notes: Only an original or certified copy of a birth certificate is acceptable as a List C document.



# CERTIFICATION OF REPORT OF BIRTH

Issuing  
Authority

UNITED STATES OF AMERICA  
DEPARTMENT OF STATE

159- 1018159

**Certification of Report of Birth**  
of a United States Citizen

This is to certify that the birth of IMA SAMPLE (Name) sex FEMALE  
born at DESOLATION (City) MONGOLIA (Country)  
on APRIL 1, 1996 (Date) was registered with the Consular Service of the United States and a  
Consular Report of Birth was issued at BISHKEK, KYRGYZSTAN (City/Country)  
on SEPTEMBER 10, 1996 (Date)

Father: DADDY SAMPLE Date of Birth: APRIL 1, 1970  
Mother: MOMMY SAMPLE Date of Birth: APRIL 1, 1975

CONDOLEEZZA RICE  
Secretary of State  
Authentication Officer, Washington, D.C.  
OCTOBER 27, 2005  
Date

FORM DS-1584 WARNING: This certificate is not valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the office of issuance.

Document  
Number

Needs Document From: List B

Scan and Upload: Not Applicable

Expiration: Not Applicable

Notes: Only an original or certified copy of a birth certificate is acceptable as a List C document.



# US CITIZEN ID CARD FORM I-197

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Issuing  
Authority

Form I-197 (Rev. 8-1-61)  
UNITED STATES  
DEPARTMENT OF JUSTICE  
IMMIGRATION AND  
NATURALIZATION SERVICE  
U.S. CITIZEN  
IDENTIFICATION CARD  
No. 121415  
THIS CARD MAY BE REVOKED AT ANY  
TIME. IT IS ISSUED FOR THE SOLE  
PURPOSE OF IDENTIFYING THE HOL-  
DER TO A U.S. IMMIGRATION OFFICER  
AT A PORT OF ENTRY.  
SIGNATURE OF HOLDER  
15-10281T-3 GPO

Document  
Number

Needs Document From: List B

Scan and Upload: Not Applicable

Expiration: Not Applicable

Notes: Only an original or certified copy of a birth certificate is acceptable as a List C document.

# RESIDENT CITIZEN IN THE US ID CARD FORM I-179

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Issuing Authority

Document Number

Needs Document From: List B

Scan and Upload: Not Applicable

Expiration: Not Applicable

Notes: No longer issued but valid indefinitely

# FORM I-94 OR I-94A

U.S. Customs and Border Protection  
Securing America's Borders

Get I-94 Number: I-94IAQ

Admission (I-94) Number Retrieval

Admission (I-94) Record Number: 89000888002

Admit Until Date (MM/DD/YYYY): 10/10/2012

Details provided on Admission(I-94) form:

Family Name:	LI
First (Given) Name:	LYDIA
Birth Date (MM/DD/YYYY):	01/01/1990
Passport Number:	P123123213
Passport Country of Issuance:	Mexico
Date of Entry (MM/DD/YYYY):	04/11/2012
Class of Admission:	B1

## Form I-94A:

Department of Homeland Security  
CBP I-94A (I-1/94)  
Departure Record

813106636 11

L1  
12345  
09/17/2007

Family Name: **SAMPLE**

First (Given) Name: **AHMET**

Country of Citizenship: **PAKISTAN**

Birth Date (Day, Mo, Yr): **22, 12, 50**

20041122 US-VISIT 20050207 MULTIPLE

See Other Side STAPLE HERE

Needs Document From: List B

Scan and Upload: Not Applicable

Admit Until Date: Expiration date of document varies.

Notes: Can be used with Foreign Passport, I-551 Stamp, Refugee Stamp.

**make some sort of titles / section page**

# CERTIFICATE OF U.S. CITIZENSHIP

Document  
Number



Issuing  
Authority

Needs Document From: List B

Scan and Upload: Not Applicable

Expiration: Does not expire

Notes: N/A



# CERTIFICATE OF NATURALIZATION

Document  
Number

**THE UNITED STATES OF AMERICA**

No. **00000000**

**CERTIFICATE OF NATURALIZATION**

*Personal description of holder as of date of naturalization:*  
Date of birth: **APRIL 05, 1955**  
Sex: **MALE**  
Height: **6 feet 01 inches**  
Marital status: **SINGLE**  
Country of former nationality: **AUSTRALIA**

*U.S. Registration No. A123 456 789*  
*I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.*

*(Complete and true signature of holder)*

*Be it known that, pursuant to an application filed with the Secretary of Homeland Security*  
at: **BALTIMORE, MARYLAND**

*The Secretary having found that:*  
**JOHN DOE**  
residing at:  
**CHELTENHAM, MARYLAND**

*having complied in all respects with all of the applicable provisions of the naturalization laws of the United States, being entitled to be admitted as a citizen of the United States, and having taken the oath of allegiance at a ceremony conducted by*  
**U.S. CITIZENSHIP AND IMMIGRATION SERVICES**  
at: **BLOOMINGTON, MINNESOTA** on: **MAY 25, 2018**

*such person is admitted as a citizen of the United States of America.*

**2.FNC**  
*U. S. Citizenship and Immigration Service*

**DEPARTMENT OF HOMELAND SECURITY**

Issuing  
Authority

Needs Document From: List B

Scan and Upload: Not Applicable

Expiration: Does not expire

Notes: N/A

# I-797A WITH I-94

Department of Homeland Security U.S. Citizenship and Immigration Services		I-797A, Notice of Action
<b>RECEIPT NUMBER</b> [REDACTED]		<b>CASE TYPE</b> I129 PETITION FOR A NONIMMIGRANT WORKER
<b>RECEIPT DATE</b> April 27, 2012	<b>PRIORITY DATE</b>	<b>PETITIONER</b> DUKE UNIV UNIV MED CTR & AFFIL INS
<b>NOTICE DATE</b> July 13, 2012	<b>PAGE</b> 1 of 2	<b>BENEFICIARY</b> [REDACTED]
DUKE UNIV UNIV MED CTR & AFFIL INS C/O VISA SVCS DUKE BOX 90790 AML 114 S BUCHANAN BLVD BAY 7 1 FL SMI DURHAM NC 27708		<b>Notice Type:</b> Approval Notice <b>Class:</b> H1B <b>Valid from:</b> 06/30/2012 to 05/31/2013 <b>Consulate:</b>
<p>The above petition and change of status have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Changes in employment or training may require you to file a new Form I-129 petition. Since this employment or training authorization stems from the filing of this petition, separate employment or training authorization documentation is not required. Please contact the IRS with any questions about tax withholding.</p> <p>The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Patrol when he or she leaves the United States. The left part is for his or her records. A person granted a change of status who leaves the U.S. must normally obtain a visa in the new classification before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.</p> <p>The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.</p> <p>THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.</p> <p>The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONB)</p>		
<p>Please see the additional information on the back. You will be notified separately about any other cases you filed.</p> <p>U.S. CITIZENSHIP &amp; IMMIGRATION SVC CALIFORNIA SERVICE CENTER P. O. BOX 30111 LAGUNA NIGUEL CA 92607-0111 <b>Customer Service Telephone: (800) 375-5283</b> Form I797A (Rev. 10/31/05)N</p> <div style="text-align: right;"></div>		
<small>PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-94 IF AVAILABLE</small>		
<p>Detach This Half for Personal Records</p> <p><b>Receipt#</b> [REDACTED] <b>I-94#</b> [REDACTED] <b>NAME</b> [REDACTED] <b>CLASS</b> H1B</p> <p><b>VALID FROM</b> 06/30/2012 <b>UNTIL</b> 05/31/2013</p> <p><b>PETITIONER:</b> DUKE UNIV UNIV MED CTR &amp; AFFIL 114 S BUCHANAN BLVD BAY 7 1 FL DURHAM NC 27708</p>		<p><b>617836560 24</b></p> <p><b>Receipt Number</b> [REDACTED] <b>United States Citizenship and Immigration Services</b></p> <p><b>I-94</b> <b>Departure Record</b>      <b>Petitioner:</b> DUKE UNIV UNIV</p> <p><small>11. Family Name</small> [REDACTED]</p> <p><small>12. First (Given) Name</small> [REDACTED]      <small>13. Date of Birth</small> [REDACTED]</p> <p><small>17. Country of Citizenship</small> CHINA, PEOPLE'S REPUBLIC OF</p>
<small>Form I-797A (Rev. 10/31/05) N</small>		

Needs Document From: List A

Scan and Upload: Not Applicable

Expiration: Expiration date of document varies.

Notes: Can be used with expired Conditional/Permanent Resident Form I-551, Auto EAD extension with expired EAD card.