

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 10/29/2008
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Case Verification Number: 2008303151355FA

Initial Verification:

Last Name:	██████	First Name:	██████
Middle Initial:	██████	Maiden Name:	██████
Social Security Number:	██████████	Date of Birth:	06/06/1953
Hire Date:	10/29/2008	Citizenship Status:	Citizen or National of the United States
Alien Number:		I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Initiated By:	LGOM7684	Initiated On:	10/29/2008

Initial Verification Results:

Initial Eligibility: EMPLOYMENT AUTHORIZED

SAMPLE

SSA Referral:

Referral By: _____ Referral Date: _____

Verification Response:

Eligibility: _____ Response Date: _____

SSA Resubmittal:

Last Name:		First Name:	
Middle Initial:		Maiden Name:	
Social Security Number:		Date of Birth:	
Initiated By:		Initiated On:	

Resubmittal Verification Results:

Eligibility: _____

Additional Verification:

Comments: _____
Initiated By: _____ Initiated On: _____

Verification Response:

Eligibility: _____ Response Date: _____

DHS Referral:

Referral By: _____ Referral Date: _____

DHS Referral Results:

Eligibility: _____ Response Date: _____

Case Resolution:

Resolve Option:	Resolved Authorized	Resolved On:	10/29/2008
Resolved By:	LGOM7684		

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Case Verification Number: 2008297151832AD

Initial Verification:

Last Name:	[REDACTED]	First Name:	[REDACTED]
Middle Initial:	[REDACTED]	Maiden Name:	[REDACTED]
Social Security Number:	[REDACTED]	Date of Birth:	03/19/1980
Hire Date:	10/23/2008	Citizenship Status:	Citizen or National of the United States
Alien Number:		I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Initiated By:	MMCD4105	Initiated On:	10/23/2008

Initial Verification Results:

Initial Eligibility: SSA TENTATIVE NONCONFIRMATION
SSA unable to confirm U.S. Citizenship

SAMPLE

SSA Referral:

Referral By: [REDACTED] Referral Date: [REDACTED]

Verification Response:

Eligibility: [REDACTED] Response Date: [REDACTED]

SSA Resubmittal:

Last Name:	[REDACTED]	First Name:	[REDACTED]
Middle Initial:	[REDACTED]	Maiden Name:	[REDACTED]
Social Security Number:	[REDACTED]	Date of Birth:	[REDACTED]
Initiated By:	[REDACTED]	Initiated On:	[REDACTED]

Resubmittal Verification Results:

Eligibility: [REDACTED]

Additional Verification:

Comments: [REDACTED]
Initiated By: [REDACTED] Initiated On: [REDACTED]

Verification Response:

Eligibility: [REDACTED] Response Date: [REDACTED]

DHS Referral:

Referral By: [REDACTED] Referral Date: [REDACTED]

DHS Referral Results:

Eligibility: [REDACTED] Response Date: [REDACTED]

Case Resolution:

Resolve Option: [REDACTED]
Resolved By: [REDACTED] Resolved On: [REDACTED]

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