

**DARTMOUTH INTERNAL E-VERIFY REFERRAL FORM**

**STUDENT PROFILE**

Student Name: \_\_\_\_\_ E-Verify Case Reference #: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Student ID# \_\_\_\_\_

**E-VERIFY RESPONSE**

☐ SSA Tentative Non-confirmation (SSA-TNC):

☐ DHS Tentative Non-confirmation (DHS- TNC): \_\_\_\_\_

☐ Contest

☐ Not Contest

**Notes:**

I-9 Representative  
Signature \_\_\_\_\_

I-9 Representative Name  
(Print) \_\_\_\_\_