



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
 Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

* Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status	
	WANG	CHRISTOPHER		US	
List A		OR	List B	AND	List C
Identity and Employment Authorization			Identity		Employment Authorization

+ Document Title PASSPORT Issuing Authority US Document Number 59372 0451 Expiration Date (if any) (mm/dd/yyyy) 1-29-29	Document Title	Document Title
	Issuing Authority	Issuing Authority
	Document Number	Document Number
	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)
Document Title	Additional Information	
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title	<small>CFR Code - Sections 2 & 3 Do Not Write In This Space</small>	
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 07/06/2020 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>[Signature]</i>	Today's Date (mm/dd/yyyy) 07/06/2020	Title of Employer or Authorized Representative ASST DIRECTOR, CONFERENCES		
Last Name of Employer or Authorized Representative SHANNON	First Name of Employer or Authorized Representative ROBERT	Employer's Business or Organization Name NBER		
Employer's Business or Organization Address (Street Number and Name) 1050 MASS AVE.		City or Town CAMBRIDGE	State MA	ZIP Code 02138

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative <i>[Signature]</i>	Today's Date (mm/dd/yyyy) 07/06/2020	Name of Employer or Authorized Representative NBER
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