

NEW YORK STATE

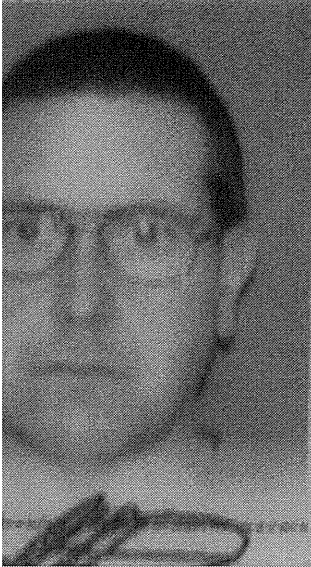
DRIVER LICENSE

USA

*Barbara J.*  
COMMISSIONER OF DEPT. OF

ID **854 787 196**

Class **D**



**STRAWDER  
MICHAEL L**

**59 COLLEGE ST  
GOWANDA, NY 14070**

Sex **M** Height **5' 09"** Eyes **BLU**

DOB **10/23/1976**

Expires **10/23/2017**

E **NONE**

R **B**

MICHAEL STRAWDER

EXPIRES 10/23/2017

# SOCIAL SECURITY

063-60-3773

THIS NUMBER HAS BEEN ESTABLISHED FOR

MICHAEL LEE  
STRAIDER



SIGNATURE

07/18/2014



**SENSITIVE BUT UNCLASSIFIED**

**Department of Homeland Security**  
**E-Verify**

**Report Prepared: 03/16/2015**  
**Page: 1 of 1**

**Case Verification Number: 2015075154742YQ**

**Case Information:****Employee Information:**

Last Name:	Strawder	First Name:	Michael
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 3773	Date of Birth:	10/23/1976
Citizenship Status:	A citizen of the United States	Email Address:	

**Document Information:**

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	New York
Driver's License or ID Card Number:		Document Expiration Date:	10/23/2017
Alien Number:		I-94 Number:	

**Additional Information:**

Hire Date:	03/15/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CSCH4411	Submitted On:	03/16/2015

**Initial Case Result:**

Case Result: Employment Authorized

**Employee Referred to SSA:**

Referred By: Referred On:

**Case Result from SSA (after SSA Tentative Nonconfirmation):**

Case Result: Response Date:

**Resubmitted to SSA (after Review and Update Employee Data):**

Last Name:		First Name:	
Middle Initial:		Other Names Used:	
Social Security Number:		Date of Birth:	
Resubmitted By:		Resubmitted On:	

**Case Result from SSA (after Resubmission):**

Case Result:

**Request Name Review:**

Comments:  
 Submitted By: Submitted On:

**Case Result from DHS (after DHS Verification in Process):**

Case Result: Response Date:

**Employee Referred to DHS:**

Referred By: Referred On:

**Case Result from DHS (after DHS Tentative Nonconfirmation):**

Case Result: Response Date: