



Guardian I-9 Section 1

Table of Contents

1. Accessing Section 1	3
2. Completing Section 1	5
3. Preparer/Translator Certification	12
4. Signing Section 1	13
5. Section 1 Completed	18
5. What's next?	19

Accessing Section 1

Guardian provides a variety of I-9 workflows to meet the needs of your organization, and as such there are multiple ways in which Section 1 can be accessed and completed by the employee. Section 1 functionality is consistent across the different workflows. These workflows include:

- In-Person
- Employee Portal / Remote Hire with Agent
- Employee Kiosk

Section 1 should be completed by the employee's first day of employment. Please see the workflow tutorials for additional information.

Completing Section 1

The employee is then prompted to complete Section 1 of Form I-9.

Guardian



Let's Get Started



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

▶ **START HERE:** Read [Instructions](#) carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family name) <input type="text"/>	First Name (Given name) <input type="text"/>	Middle Initial <input type="text"/>	Other Last Names Used (If Any) <input type="text"/>		
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A		
Address (Street Name and Number) <input type="text"/>	Apt. Number <input type="text"/>	City or Town <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	
<input type="checkbox"/> N/A					
Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>	U.S. Social Security Number <input type="text"/>	E-mail Address <input type="text"/>	Telephone Number <input type="text"/>

[Table of Contents](#)

Copyright © 2023, Equifax Inc., Atlanta, Georgia. All rights reserved. Equifax and the Equifax marks used herein are trademarks of Equifax Inc. Other product and company names mentioned herein are the property of their respective owners.

Completing Section 1

Employee or preparer/translator may click the **instructions** link to view the I-9 instructions.

Guardian

Let's Get Started



▶ START HERE: Read **Instructions** carefully before completing this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate a refusal to hire or continue to employ an individual because

Section 1. Employee Information and Attestation (Employer)

Last Name (Family name)

Address (Street Name and Number)

Month

Day

Year

USCIS Form I-9 Instructions



Instructions for Form I-9, 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

Anti-Discrimination Notice. It is illegal to discriminate against work-authorized individuals in hiring, firing, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) the employee may present to establish employment authorization. The employer must allow the employee to choose the document(s) to be presented from the Lists of Acceptable Documents, found on the last page of Form I-9. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, contact the Immigrant and Employee Rights Section (IER) in the Department of Justice's Civil Rights Division at <https://www.justice.gov/ier>.

What is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011.

General Instructions

Both employers and employees are responsible for completing their respective sections of Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors, as defined in section 3 of the Migrant and Seasonal Agricultural Worker Protection Act, Public Law 97-470 (29 U.S.C. 1802). An "employee" is a person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term "Employee" does not include those who do not receive any form of remuneration (volunteers), independent contractors or those engaged in certain casual domestic employment. Form I-9 has three sections. Employees complete Section 1. Employers complete Section 2 and, when applicable, Section 3. Employers may be fined if the form is not properly completed. See 8 USC § 1324a and 8 CFR § 274a.10. Individuals may be prosecuted for knowingly and willfully entering false information on the form. Employers are responsible for retaining completed forms. **Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).**

These instructions will assist you in properly completing Form I-9. The employer must ensure that all pages of the instructions and Lists of Acceptable Documents are available, either in print or electronically, to all employees completing this form. When completing the form on a computer, the English version of the form includes specific instructions for each field and drop-down lists for universally used abbreviations and acceptable documents. To access these instructions, move the cursor over each field or click on the question mark symbol (?) within the field. Employers and employees can also access this full set of instructions at any time by clicking the Instructions button at the top of each page when completing the form on a computer that is connected to the Internet.

Employers and employees may choose to complete any or all sections of the form on paper or using a computer, or a combination of both. Forms I-9 obtained from the USCIS website are not considered electronic. Forms I-9 under DHS regulations and, therefore, cannot be electronically signed. Therefore, regardless of the method you used to enter information into each field, you must print a hard copy of the form, then sign and date the hard copy by hand where required.

Employers can obtain a blank copy of Form I-9 from the USCIS website at <https://www.uscis.gov/i-9>. This form is in portable document format (pdf) that is fillable and savable. That means that you may download it, or simply print out a blank copy to enter information by hand. You may also request paper Forms I-9 from USCIS.

Certain features of Form I-9 that allow for data entry on personal computers may make the form appear to be more than two pages. When using a computer, Form I-9 has been designed to print as two pages. Using more than one preparer and/or translator will add an additional page to the form, regardless of your method of completion. You are not required to print, retain or store the page containing the Lists of Acceptable Documents.

Form I-9 Instructions 10/21/2019

Page 1 of 15

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

ring completion of this form. Employers are liable for errors in the completion of

n employee may present to establish employment authorization and identity. The
discrimination.

ment, but not before accepting a job offer.)

Other Last Names Used (If Any)

N/A

State

Zip Code

Telephone Number

[Table of Contents](#)

Copyright © 2023, Equifax Inc., Atlanta, Georgia. All rights reserved. Equifax and the Equifax marks used herein are trademarks of Equifax Inc. Other product and company names mentioned herein are the property of their respective owners.

Completing Section 1

The **Language** option can be changed to provide **Spanish** subtext.

Guardian



Verificación de la elegibilidad para el empleo
El Departamento de Seguridad Nacional
El Servicio de Ciudadanía e Inmigración de los Estados Unidos






USCIS
Form I-9
OMB No. 1615-004
Expires 10/31/2022















► **EMPIECE AQUÍ:** Lea cuidadosamente las instrucciones antes de completar este formulario. Las instrucciones deben estar disponibles, ya sea en papel o electrónicamente, mientras se completa este formulario. Los empleadores son responsables de los errores en la cumplimentación de este formulario. **Instrucciones para completar la sección 1** carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.


AVISO CONTRA LA DISCRIMINACIÓN: Es ilegal discriminar a las personas autorizadas a trabajar. Los empleadores **NO PUEDEN** especificar qué documento(s) un empleado puede presentar para establecer la autorización de empleo e identidad. La negativa a contratar o seguir empleando a una persona porque la documentación presentada tiene una fecha de expiración futura también puede constituir una discriminación ilegal.

Sección 1. Información del empleado y declaración (Los empleados deben completar y firmar la sección 1 del formulario I-9 antes del primer día de trabajo, pero no antes de aceptar una oferta de trabajo).

Apellido (Nombre Familiar)  	Primer Nombre (Nombre de pila) 	I.S.N.  <input type="checkbox"/> N/A	Otros apellidos usados (si alguno)  <input type="checkbox"/> N/A
--	--	--	--

Dirección (Número y Nombre de la Calle) 	Número de Apt. Nú...  <input type="checkbox"/> N/A	Ciudad o Pueblo 	Estado  	Código Postal 
---	--	---	--	---

Mes 	Día 	Año 	Número de Seguro Social de EE.U...  <input type="checkbox"/> En espera de la emisión del número	Dirección de correo electrónico 	Número de teléfono  <input type="checkbox"/> N/A
---	---	---	---	---	--

Fecha de Nacimiento: 

En espera de la emisión del número

N/A

N/A

[Table of Contents](#)

Copyright © 2023, Equifax Inc., Atlanta, Georgia. All rights reserved. Equifax and the Equifax marks used herein are trademarks of Equifax Inc. Other product and company names mentioned herein are the property of their respective owners.

Completing Section 1

Employee or Preparer/Translator enters the employee information.

Guardian



Let's Get Started



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

▶ **START HERE:** Read [Instructions](#) carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family name) <input type="text"/>	First Name (Given name) <input type="text"/>	Middle Initial <input type="text"/>	Other Last Names Used (If Any) <input type="text"/>		
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A		
Address (Street Name and Number) <input type="text"/>	Apt. Number <input type="text"/>	City or Town <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	
<input type="checkbox"/> N/A					
Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>	U.S. Social Security Number <input type="text"/>	E-mail Address <input type="text"/>	Telephone Number <input type="text"/>

[Table of Contents](#)

Copyright © 2023, Equifax Inc., Atlanta, Georgia. All rights reserved. Equifax and the Equifax marks used herein are trademarks of Equifax Inc. Other product and company names mentioned herein are the property of their respective owners.

Completing Section 1

Guardian

Let's Get Started

Help text is available and will appear when hovering over the  symbol, (or by clicking the  symbol when completing Section 1 from a mobile device).



▶ START HERE: Read **Instructions** ca this form.

ANTI-DISCRIMINATION NOTICE: It is il refusal to hire or continue to employ

Your last name is your legal family name or surname, as recorded on a government issued document. If you have two last names or a hyphenated last name, include both names in the Last Name field. Include any suffix such as Jr. in this field. Do not include any accented characters. Examples of correctly entered last names include: De La Cruz, O'Neill, Garcia Lopez, Smith-Johnson, Nguyen. If you only have one name, enter it in this field, then enter "Unknown" in the First Name field.
















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

Instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The presented has a future expiration date may also constitute illegal discrimination.

and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Section 1. Employee Information and

Last Name (Family name) 	First Name (Given name) 	Middle Initial 	Other Last Names Used (If Any) 		
<input type="checkbox"/> N/A		<input type="checkbox"/> N/A			
Address (Street Name and Number) 	Apt. Number 	City or Town 	State 	Zip Code 	
<input type="checkbox"/> N/A					
Month 	Day 	Year 	U.S. Social Security Number 	E-mail Address 	Telephone Number 

[Table of Contents](#)

Completing Section 1

Guardian





















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

Expires 10/31/2022

▶ **START HERE:** Read [Instructions](#) carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family name)  	First Name (Given name) 	Middle Initial 	Other Last Names Used (If Any) 		
<input type="checkbox"/> N/A		<input type="checkbox"/> N/A			
Address (Street Name and Number) 	Apt. Number 	City or Town 	State  	Zip Code 	
<input type="checkbox"/> N/A					
Month 	Day 	Year 	U.S. Social Security Number 	E-mail Address 	Telephone Number 
Date of Birth: 			<input type="checkbox"/> Awaiting Issuance of SSN	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

All fields are required, except for **Social Security No.**, unless participating in E-Verify. For E-Verify participants, select **Awaiting Issuance of SSN** if the employee has not yet received their SSN.

Completing Section 1

Guardian

Employee or preparer/translator enters **N/A** for fields not applicable to the them, or uses the **N/A** checkboxes.




















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

▶ **START HERE:** Read **Instructions** carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family name)  	First Name (Given name) 	Middle Initial 	Other Last Names Used (If Any) 		
	<input type="checkbox"/> N/A		<input type="checkbox"/> N/A		
Address (Street Name and Number) 	Apt. Number 	City or Town 	State 	Zip Code 	
	<input type="checkbox"/> N/A				
Month  Date of Birth: 	Day 	Year 	U.S. Social Security Number 	E-mail Address 	Telephone Number 
		<input type="checkbox"/> Awaiting Issuance of SSN	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	

Completing Section 1

Employee or preparer/translator selects one of the four attestations.

Guardian

Address (Street Name and Number) Apt. Number City or Town State Zip Code

N/A

Month Day Year U.S. Social Security Number E-mail Address Telephone Number

Date of Birth:

Awaiting Issuance of SSN

N/A

N/A

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (Check one of the following boxes):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See instructions)
- 3. A lawful permanent resident
- 4. An alien authorized to work

Preparer and/or Translator Certification (check one of the following):

- I did not use a preparer or translator
- A preparer(s) or translator(s) assisted the employee in completing Section 1

Continue

Preparer/Translator Certification

Guardian

Employee or preparer/translator specifies whether a **preparer and/or translator** was used and then click **Continue**. For more information on completing the Preparer/Translator certification please see the related tutorial.

Address (Street Name and Number) Apt. Number City or Town

N/A

Month Day Year U.S. Social Security Number E-mail Address Telephone Number

Date of Birth: Awaiting Issuance of SSN N/A N/A

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (Check one of the following boxes):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See instructions)
- 3. A lawful permanent resident
- 4. An alien authorized to work

Preparer and/or Translator Certification (check one of the following):


- I did not use a preparer or translator
- A preparer(s) or translator(s) assisted the employee in completing Section 1

Continue

Signing Section 1

Employee attests that the information provide is accurate and agrees to the Electronic Signature by clicking the on-screen checkboxes.

Guardian

 **Robert, you're not finished just yet!**
Please review the information below and electronically sign Section 1 of your Form I-9.

Section 1 Summary

Full Name: **Robert Andrews**
Date of Birth: **01/02/1977**
Citizenship Status: **U.S. Citizen**


Electronic Signature

You, the employee, must sign the Form I-9 by checking the boxes below and providing the requested identity information. By signing this form, you are attesting under penalty of perjury that the information you provided on the Form I-9, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct.

You are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form.

By checking this box, I attest that I have read, understood, and agree to the statements above

By checking this box, I consent to provide an electronic signature in connection with this Form I-9 and understand that my electronic signature will be binding as though I had physically signed this document by hand.

Please select an identity question from the dropdown list, provide an answer, and click 'Electronically Sign' to complete your electronic signature. 

Question
What is the name of the first school you attended? ▼

Answer

Signing Section 1

Guardian

⚠ Robert, you're not finished just yet!
Please review the information below and electronically sign Section 1 of your Form I-9.

Section 1 Summary

Full Name: **Robert Andrews**
Date of Birth: **01/02/1977**
Citizenship Status: **U.S. Citizen**

Electronic Signature

You, the employee, must sign the Form I-9 by checking the boxes below and providing the requested identity information. By signing this form, you are attesting under penalty of perjury that the information you provided on the Form I-9, along with the citizenship information you provided to your employer, is complete, true and correct.

You are aware that you may face severe penalties provided by law if you knowingly provide false information or use false documents or using false documentation when completing this form.

- By checking this box, I attest that I have read, understood, and agree to the terms and conditions of the Form I-9.
- By checking this box, I consent to provide an electronic signature on this document by hand.

Please select an identity question from the dropdown list, provide an answer, and click the "Sign" button to complete the form.

Question
What is the name of the first school you attended?

Answer

What is the name of the first school you attended?

What is your mother's middle name?

What was the make and model of your first car?

What is the name of the first major city you visited?

What is the name of the hospital where you were born?

To complete the Electronic Signature, the Employee selects from the available signature questions.

Note: Optionally, employers may opt for an employee-generated PIN number, instead of the Question/Answer option, as the Electronic Signature method.

By signing this form, you are attesting under penalty of perjury that the information you provided on the Form I-9, along with the citizenship information you provided to your employer, is complete, true and correct.

You are aware that you may face severe penalties provided by law if you knowingly provide false information or use false documents or using false documentation when completing this form.

By checking this box, I attest that I have read, understood, and agree to the terms and conditions of the Form I-9.


By checking this box, I consent to provide an electronic signature on this document by hand.

Please select an identity question from the dropdown list, provide an answer, and click the "Sign" button to complete the form.



Signing Section 1

Guardian

 **Robert, you're not finished just yet!**
Please review the information below and electronically sign Section 1 of your Form I-9.

Section 1 Summary

Full Name: **Robert Andrews**
Date of Birth: **01/02/1977**
Citizenship Status: **U.S. Citizen**

Electronic Signature


You, the employee, must sign the Form I-9 by checking the boxes below and providing the requested identity information. By signing this information you provided on the Form I-9, along with the citizenship or immigration status you selected, and all information and documents correct.

You are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form.

- By checking this box, I attest that I have read, understood, and agree to the statements above
- By checking this box, I consent to provide an electronic signature in connection with this Form I-9 and understand that my electronic signature will be binding as though I had physically signed this document by hand.

Please select an identity question from the dropdown list, provide an answer, and click 'Electronically Sign' to complete your electronic signature. 

Question

What is the name of the hospital where you were born? 

Answer

New York City Hospital

Employee is prompted to provide a memorable answer to the signature question (or enter a 4-digit PIN).

Note: Responses are not validated, and will not be referenced or reused during any subsequent employee signatures. However, all responses are recorded, and can be provided in the event of an audit.

Signing Section 1

Guardian

Electronic Signature

You, the employee, must sign the Form I-9 by checking the information you provided on the Form I-9, along with the correct.

You are aware that you may face severe penalties provided completing this form.

By checking this box, I attest that I have read, understood

By checking this box, I consent to provide an electronic document by hand.

Please select an identity question from the dropdown list,

Question
What is the name of the hospital where you were born?

Answer
New York City Hospital

Send me proof of my electronic signature

E-mail Address *
Robert.Andrews@test.com

I-9 No. 188804

**Employee Receipt of
Electronically Filed Form I-9**

This Form I-9 receipt certifies that the individual named below has declared under penalty of perjury that he/she:

- 1) Is the individual specified in Section 1.
- 2) Has completed section 1.
- 3) Has read the Form I-9 Attestation.
- 4) Has attached his/her electronic signature at the bottom of Section 1, thereby attesting as indicated on the Form I-9.

Name of Employer
G2 basic company

Name of Employee
Andrews, Robert

Date section 1 signed
12/13/2016 @ 09:26:14

Optionally, the employee may receive a receipt of their Electronic Signature by clicking the checkbox and providing an email address.

The receipt will be emailed, and certifies the completion of Section 1 by the employee.

Signature will be binding as though I had physically signed this

Signature. ?

Signing Section 1

The employee then clicks the Electronically Sign button to proceed.

Guardian

Electronic Signature

You, the employee, must sign the Form I-9 by checking the boxes below and providing the requested identity information. By signing this form, you are attesting under penalty of perjury that the information you provided on the Form I-9, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct.

You are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form.

- By checking this box, I attest that I have read, understood, and agree to the statements above
- By checking this box, I consent to provide an electronic signature in connection with this Form I-9 and understand that my electronic signature will be binding as though I had physically signed this document by hand.

Please select an identity question from the dropdown list, provide an answer, and click 'Electronically Sign' to complete your electronic signature. [?](#)

Question

What is the name of the hospital where you were born?

Answer

New York City Hospital

- Send me proof of my electronic signature

E-mail Address *

Robert.Andrews@test.com

Electronically Sign

Section 1 Completed

The employee finishes the last step in the process of Section 1 by clicking the **Complete** button.

Section 1 Completed



You have successfully completed Section 1 of the Form I-9. Next, the I-9 Verifier will take over to complete the remainder of the form.
Click Complete to finish your portion and return control of the device to your I-9 Verifier.

Complete

What's next?

Section 2 must now be completed. How this is accomplished may vary depending on whether you are using the Guardian **Location Manager** or **Standard Interface**, and which of the following workflows are being used:

- In-Person
- Remote Hire / Remote Hire with Agent
- Employee Kiosk

Please see the related tutorials for guidance on a specific workflow or interface.

For Additional Assistance

- Select **Help** from the vertical toolbar to access other Guardian tutorials.
- For additional assistance contact your in-house Guardian expert.

Confidential User Guide

Please do not distribute this document outside of your organization without our written permission.

Thank you.