

OPM Verification Site

Enter Information

Please do not use special characters unless specified otherwise.

First Name:

Middle Name:

Last Name:

Date of Birth (MM/DD/YY):

SSN (no dashes):

E-mail:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Zip Code Extension:

Reason:

Consent:

I am lawfully submitting this information for the purpose of determining whether against records known to be affected by the OPM breach. I understand that the government will do its best to match the information I have provided and that this may take several days to get an answer.

I agree

Clear

Submit