

**Social Security Administration**  
**Authorization for the Social Security Administration (SSA)**  
**To Release**  
**Social Security Number (SSN) Verification**

Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

I am conducting the following business transaction

\_\_\_\_\_  
[Identify a specific purpose. Example—seeking a mortgage from the Company— “identity verification” or “identity proof or confirmation” is not acceptable.]

with the following company (“the Company”):

| Company Name | Address |
|--------------|---------|
|              |         |

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company’s Agent, if applicable, for the purpose I identified.

The name and address of the Company’s Agent is:

\_\_\_\_\_

I am the individual to whom the Social Security number was issued or that person’s legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

**This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:**

**This consent is valid for \_\_\_\_\_ days from the date signed. \_\_\_\_\_ (Please initial.)**

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Contact information of individual signing authorization:  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

**Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.**

**Privacy Act Statement - Section 205 of the Social Security Act authorizes SSA to collect the information on this form and provide the verification of your SSN to the requesting party based on your consent. Your response is voluntary; however, without the information on this form and your consent, we will not be able to provide the verification of your SSN to the requesting party. We will only release the verification of your SSN from our records and only to the person(s) or organization(s) you authorize to receive that information. If you have any questions about this form, you may contact your local Social Security office.**

.....TEAR OFF .....

**NOTICE TO NUMBER HOLDER**

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/bsv/cbsvPDF/agreement.pdf>

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