OPM Verification Site

Enter Information Please do not use special characters unless specified otherwise. First Name: First Name Middle Name: Middle Name Last Name: Last Name Date of Birth (MM/DD/YY): MM/DD/YYYY SSN (no dashes): ######### E-mail: name@example.com Address Line 1: 123 main st Address Line 2: apt number, suite, ect. City: City Name State: Choose a state/region/province. Zip Code: Zip Code Extension: Reason: Choose a reason for submitting your information. I believe I may have been affected and I am looking to verify. I received a letter but I have misplaced it. PIN did not work. Consent: Other. I am lawfully submitting this information folaffected 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