

# 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