

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

|                     |                      |                               |
|---------------------|----------------------|-------------------------------|
| Printed Name: _____ | Date of Birth: _____ | Social Security Number: _____ |
|---------------------|----------------------|-------------------------------|

I want this information released because I am conducting the following business transaction:

Reason(s) for using CBSV: (Please select all that apply)

- Mortgage Service       Banking Service
- Background Check       License Requirement
- Credit Check       Other

with the following company ("the Company"):

Company Name: \_\_\_\_\_ (Do Not Change This Line) ←

Company Address: \_\_\_\_\_ (Do Not Change This Line) ←

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:

Computer Information Development LLC 713 W. Duarte Rd. # 106 Arcadia, CA 91007 (Do Not Change or Modify This Line) ←

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. 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 \_\_\_\_\_

Relationship (if not the individual to whom the SSN was issued): \_\_\_\_\_

**Contact information of individual signing authorization:**

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

Form **SSA-89** (06-2013)

#### Privacy Act Statement

SSA is authorized to collect the information on this form under Sections 205 and 1106 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552a). We need this information to provide the verification of your name and SSN to the Company and/or the Company's Agent named on this form. Giving us this information is voluntary. However, we cannot honor your request to release this information without your consent. SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the Company and/or Company's Agent's appropriate use of the SSN Verification Service.

#### NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with the 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/cbsv/docs/SampleUserAgreement.pdf>