OMB No.0960-0760

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

Printed Name:	Date of Birth:	Social Security Number:
Reason for authorizing consent: (Please selec	ct one)	
☐ To apply for a mortgage	☐ To apply for a loan	☐ To meet a licensing requirement
☐ To open a bank account	☐ To open a retirement account	Other
☐ To apply for a credit card	☐ To apply for a job	
With the following company ("the Company"):		
Company Name:		
Company Address:		
The name and address of the Company's Agent (if applicable):		
Agent's Name:		
Agent's Address:		
I authorize the Social Security Administration tapplicable, for the purpose I identified. I am the guardian of a minor, or the legal guardian of a information contained herein is true and correct information from Social Security records, I could be a social security records.	e individual to whom the Social Security n legally incompetent adult. I declare and a ct. I acknowledge that if I make any repres	umber was issued or the parent or legal firm under the penalty of perjury that the centation that I know is false to obtain
- This section 2 of the <u>Paperwork Reduction Act of </u>		nents of 44 U.S.C. § 3507, as amended by uestions unless we display a valid 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 <a href="http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf">http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf</a>.