Form SSA-89

Form Approved
OMB #0960-0760

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 _____