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 follow	ving business transaction	
	e. Example—seeking a mortgage from the proof or confirmation" is not acceptable.].	
with the following compan	ny ("the Company"):	
Company Name	Address	
	nrity Administration to verify my name an pplicable, for the purpose I identified.	nd SSN to the Company and/or
The name and address of the	he Company's Agent is:	
guardian. I declare and affi is true and correct. I ackno	m the Social Security number was issued irm under the penalty of perjury that the invelope that if I make any representation ecurity records, I could be found guilty or	information contained herein that I know is false to obtain
-	for 90 days from the date signed, unle If you wish to change this timeframe, i	•
This consent is valid for _	days from the date signed	(Please initial.)
Signature	Date Signed _ lividual signing authorization:	
•		

Form SSA-89 (8/15/2008)

Paperwork Reduction Act Statement - This information collection meets the
requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction
Act of 1995. You do not need to answer these questions unless we display a valid Office
of Management and Budget control number. We estimate that it will take about 3
minutes to complete the form. You may send comments on our time estimate above to:
SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send to this address only
comments relating to our time estimate, not the completed form.
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 http://www.ssa.gov/cbsv/docs/modelAgreement11309.pdf.