



VERIFICATION BUREAU
MASTERING FRAUD PREVENTION

Acting as an agent on behalf of: _____
(Enter the name of the party to whom the verification will be disclosed)

**Authorization for the Social Security Administration to Release
Social Security Number Verification**

Printed Name _____ (required)

SSN _____ (required)

Date of Birth _____ (required)

I consent to the Social Security Administration verifying my SSN to Verification Bureau Inc., acting on behalf of _____.
(enter the name of party to whom the verification will be disclosed)

I understand that my consent allows no additional information from my Social Security records to be provided to Verification Bureau and that the verification of my Social Security number will be used for credit transactions with _____. I also understand that my Social Security number may not be used for any other purpose other than the one stated above, including resale or redisclosure to other parties. The only other redisclosure permitted by this authorization is for review purposes to ensure that Verification Bureau complies with SSA's consent requirements.

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 know 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.

Signature _____ Date Signed _____

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above.

Contact information of individual signing authorization:

Address _____

Phone Number _____

If consent is signed other than by the individual named above, indicate relationship: _____