

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

**Credit, employment, or other 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:

**Verification Bureau, Inc**      **247 SW 8<sup>th</sup> Street Suite 147 Miami, FL 33130**

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.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**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.)**

Contact information of individual signing authorization:

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

Form SSA-89

**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 [www.ssa.gov/ssa/ssa/checkbox/instructions.html](http://www.ssa.gov/ssa/ssa/checkbox/instructions.html)