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### How to complete Form SSA-89

Form SSA-89 (02-2018) Page 1 of 2  
 Discontinue Previous Editions OMB No. 0960-0760  
 Social Security Administration

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

Printed Name:	Date of Birth:	Social Security Number:
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I want this information released because I am conducting the following business transaction:

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Reason (s) for using CBSV: (Please select all that apply)

<input type="checkbox"/> Mortgage Service	<input type="checkbox"/> Banking Service
<input type="checkbox"/> Background Check	<input type="checkbox"/> License Requirement
<input type="checkbox"/> Credit Check	<input type="checkbox"/> Other

with the following company ("the Company"):

Company Name: \_\_\_\_\_

Company 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:

**Veri-Tax LLC 30 Executive Park, Suite 200 Irvine, CA 92614**

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. 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:
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Relationship (if not the individual to whom the SSN was issued): \_\_\_\_\_

**Contact information of individual signing authorization:**

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Enter Name and SSN.  
Date of Birth is optional.

Select the reason(s) that most closely applies to the purpose stated above.

Complete to change the length of the form's consent validity. (Optional)

Complete all contact information.

Enter "seeking a mortgage from the company." Do not enter "identity verification," form will be rejected.

Enter company name and full address.

Company's Agent must contain Veri-Tax's name and address.

Signature and date are required.

**Get Started Now!**



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Still need help? Call our Customer Happiness Team at **800.969.5100!**



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Form SSA-89 (02-2018)

Page 2 of 2

### Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

**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/SampleUserAgreement.pdf>.

**Get Started Now!**