



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

Printed Name _____ SSN _____

Date of Birth _____

I authorize the Social Security Administration to verify my Social Security number to _____ through their agent, Rapid Reporting.

I understand that my consent allows no additional information from my Social Security records to be provided to _____, and that the verification of my Social Security number will be used to confirm my identity. 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 re-disclosure to other parties. The only other re-disclosure permitted by this authorization is for review purposes to ensure that Rapid Reporting 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 or 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:
