



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 redisclosure to other parties. The only other redisclosure 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:

\_\_\_\_\_



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