

**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:

Employment

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

- | | |
|--|--|
| <input type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service |
| <input checked="" 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:

Creative Services, Inc.
64 Pratt Street
Mansfield, MA 02048

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: _____

Relationship (if not the individual to whom the SSN was issued): _____

Contact information of individual signing authorization:

Address: _____

City/State/ZIP: _____

Phone Number: _____

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.

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>.
