

## Consent Based SSN Verification (CBSV) Form SSA-89 Instructions

The SSA-89 Form must be filled out **COMPLETELY** and **LEGIBLY**.

All SSA-89 Forms **MUST** be signed by the subject.

**NO MODIFICATIONS** can be made to the SSA-89 Form.

CBSV searches **CANNOT** be processed until IntelliCorp received a completed SSA-89 Form.

Completed forms **MUST** be faxed to: (216) 450-5251 or emailed to: [CBSV@intellicorp.net](mailto:CBSV@intellicorp.net)

**Any SSA-89 form that does not follow these guidelines CANNOT be accepted by IntelliCorp and will be returned to the client with instructions to re-submit. This will delay processing.**

### Required Information Checklist and Tips:

<input type="checkbox"/> <b>Printed Name</b>	The release must include the name <b>EXACTLY</b> as it was submitted in the website search. <i>Example: If Joseph Jones was submitted, Joe Jones will be rejected.</i>
<input type="checkbox"/> <b>Date of Birth</b>	The release must include the date of birth <b>EXACTLY</b> as it was submitted in the website search.
<input type="checkbox"/> <b>SSN</b>	The release must include the SSN <b>EXACTLY</b> as it was submitted in the website search.
<input type="checkbox"/> <b>Specific Purpose</b>	Do <b>NOT</b> provide “Identity Verification” or “Proof of Identity” as a purpose.  Some common purposes may include: <ul style="list-style-type: none"><li>• Background check or Pre-Employment Screening</li><li>• To be licensed</li><li>• Credit check</li><li>• Seeking employment from the company</li><li>• Seeking to volunteer for the company</li><li>• Seeking a mortgage from the company</li><li>• Seeking to rent from the company</li></ul>
<input type="checkbox"/> <b>Company Name</b>	Make sure company information is complete and accurate. Include a street address, city, state and zip code.
<input type="checkbox"/> <b>Company Address</b>	
<input type="checkbox"/> <b>Signature</b>	The form must be signed and dated by the subject.  This must be a physical (wet) signature.

### Contact Information

<input type="checkbox"/> <b>Address</b>	All information must be filled out completely and legibly.
<input type="checkbox"/> <b>City/State/Zip</b>	
<input type="checkbox"/> <b>Phone Number</b>	

**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

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[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

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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:

**IntelliCorp Records, Inc. 3000 Auburn Drive, Suite 410 Beachwood, OH 44122**

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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.

**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 \_\_\_\_\_

Contact information of individual signing authorization:

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

Form SSA-89 (8/15/2008)

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**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.**