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

Printed Name: CALEB NWIMO

Date of Birth: 06/29/1984

Social Security Number: 730-86-1887

Reason for authorizing consent: (Please select one)

☐ To apply for a mortgage   ☐ To apply for a loan   ☐ To meet a licensing requirer

☐ To open a bank account   ☐ To open a retirement account   ☒ Other

☐ To apply for a credit card   ☑ To apply for a job   Employment

With the following company ("the Company"):

Company Name: STERLING INFOSYSTEMS, INC. (DBA STERLING)

Company Address: 6150 OAK TREE BOULEVARD, SUITE 490, INDEPENDENCE, OH 44131

The name and address of the Company's Agent (if applicable):

Agent's Name: Accio Data

Agent's Address: PO Box 787, Dripping Springs, TX 78620

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. I am the individual to whom the Social Security number was issued or the parent or leg guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that 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 one-time use. This consent is valid only for <u>90</u> days from the date signed, unless indica 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: _Caleb_

Date Signed: 10/26/2023

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

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 designated company or company's agent. We will use the information to verify your name and Social Security number (SSN). may also share your information for the following purposes, called routine uses: - To contractors and other Federal agencies, necessary, to assist us in efficiently administering our programs; and - To student volunteers, persons working under a perso services contract, and others, when they need access to information in our records in order to perform their assigned agency duties. In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, wl authorized, we may use and disclose this information in computer matching programs, in which our records are compared wil other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinqu 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, as published in the Federal Register (FR) on December 29, 2010 75 FR 82121. Additional information, and a full listing of all our SORNs, is available on our website at www.saa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amende section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Offi of Management and Budget (OMB) control number. We estimate that it will take about 20 minutes to read the instructions, ga the facts, and answer the questions. **Send _only_ comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to:** SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. .

--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 th