

SSNV (SSA-89) Instructions

Form SSA-89 (02-2018)
Discontinue Previous Editions
Social Security Administration

Page 1 of 2
OMB No.0960-0760

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

Printed Name:	Date of Birth:	Social Security Number:
I want this information released because I am conducting the following business transaction:		

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:

ADP Screening and Selection Services, INC.
301 Remington St., Fort Collins, CO 80524 Phone: (800) - 367-5933

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:	

REMINDER:

All information listed on the release must match the information provided for the order exactly

Applicant completes all areas in

YELLOW

Please be sure that the applicant completes these sections in their entirety.

ADP Client completes all areas in

BLUE

Please be sure to complete this section in its entirety.

Parent or Guardian to complete

PURPLE

This section should only be complete if the applicant is a minor. If the applicant is not a minor leave line blank.



- Is this release completed in black ink? Other color inks may cause legibility issues that could lead to release rejections or delays.
- **IMPORTANT:** Please review the rules on page 2 of this document to ensure you have followed them before submitting.
- **PAGE 2** of the actual release (located on page 4 of this document) must be included in each submission.

Email/Fax/Uploaded Submissions Accepted
Manual Signature/Date Required
-Blank Release Form on Pages 3-4-

This is a sample only and is not to be completed or submitted to ADP.
Any sample documents that are completed and submitted will be rejected.

SSNV (SSA-89) Instructions

Rules for SSA-89 Release per the Social Security Administration – Effective 08/01/16

- All submissions must be on the original SSA-89 form – customized forms will not be accepted. You are welcome to enter your company name and address on the form and save it before you print it out, but it must not cover any existing lines or text on the form. Applicants are also welcome to type their information into the form, except for their signature, signature date, and initials, ensuring that they do not cover any existing lines. No other text aside from the above can be added to the release form.
- All signatures, signature dates, and initials must be hand-written on the release – electronic signatures, signature dates, and initials will not be accepted.
- All submissions must be clear; scanned copies of the release that are at the same resolution as the original form. The image cannot appear to be shrunk, enlarged, or askew/rotated from the original. Please ensure you are scanning these documents in portrait orientation. Photograph submissions will not be accepted.
- Page 2 of the actual release (located on page 4 of this document) must be included in each submission.
- All text must be clearly legible – grainy or faded text will result in a rejection. Please ensure candidates are using black ink.
- All information must match 100% to what is on the order:
 - If a middle name is entered on the order, it must be on the release and vice versa. This is also true if there is only a middle initial on the order or no middle name on the order. If you entered the applicant's full legal name on the order, the full legal name must be on the release.
 - If the address on the order has an apartment number, suite number, etc. it must be on the release as well. The street type must match also match – if the order says "Cherry Street" the release must have "Cherry Street" as well, not "Cherry Avenue" or "Cherry Road". Abbreviations are allowed (St., Ave., Pkwy.)
- The section stating "I want this information released because I am conducting the following business transaction:" must be filled in. The permissible purpose for this section would be "Pre-Employment Background Screening" or "Background Check".
- Alterations, including initialed changes, white-out usage, cross-outs, write-overs or blacked out information, are not allowed. If you receive a rejection where you would consider using any of these methods, a new release must be filled out.
- The company name and address must be filled out.
- If the applicant specifies a timeframe of validity other than 90 days in the space provided, they must also initial in the space that is provided for initials. If the applicant does not wish to change the timeframe, initials are not required.
- If the applicant is a minor (under the age of 18), the parent or legal guardian must sign the form SSA-89 and provide proof of the relationship. If signed by legal guardian or parent, you must provide proof of the relationship (i.e. Copy of the birth certificate or court documentation proving the relationship). If proof of relationship is not received this will result in a rejection.

Failure to follow these rules will result in the release being rejected – please remember to review your release forms before sending.

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Manual Signature/Date Required
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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>.