

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

The Social Security Administration requires IntelliCorp to obtain compliant SSA-89 form for each Consent Based Social Security (CBSV) search submission. No exceptions can be made.

The current form version: **Form SSA-89 (12-2020)**. Previous form versions are not valid and cannot be accepted.

Completed forms **must** be emailed to: CBSV@intelicorp.net

The SSA-89 Form requirements:

- SSA-89 form is only valid for 1 time use. After 1 use they are not compliant or valid.
- Copies of SSA-89 forms must be scanned, faxed and emailed to IntelliCorp Records.
- Photos of forms are not acceptable.
- Received form copies cannot be faded or have faded fields.
- All required fields must be complete & legible.
- The SSA provides fillable English forms (Signature field must be physical/wet).
- The SSA does not have a fillable Spanish form. Must be completed by hand & legible.
 - Only one piece of information per field.
 - All dates on form must be in identical formats.
- **No modifications or alterations** below are some examples of modifications/alterations:
 - Never acceptable:
 - Added text boxes or other objects
 - Headers, footers, stamps, notes or other information not on original form.
 - A third type of font or writing and /or different color ink
 - Acceptable only if the SSN Holder initialed each occurrence. Initials must match signature.
 - Scratched out; whited out, overwritten information
 - Fields that appear “whited out” or overwritten.
 - You cannot modify the form after the SSN holder signs it. Forms that appear to have information added after signed scratch outs/white outs/overwrites must have SSN holder’s initials.
- Hand-printed signature is acceptable if the Social Security number holder furnishes the *CBSV Printed Signature Acknowledgement statement* must have the SSN holder’s printed signature and be provided with the SSA-89 form. Signatures must match.
- If the verification is for a minor under age 18, you must obtain appropriate consent from a parent or court appointed guardian along with proof of relationship, such as child’s birth certificate and parent’s driver’s license or court document showing guardianship and a driver’s license. Other acceptable proof would include: birth certificate of minor, adoption records, or other currently valid court document showing authority/guardianship over the minor.
 - The parent/guardian must be the person who signs and dates the SSA-89 form and completes the Relationship field and acceptable proof is required.
 - Per the Social Security Administration: Minor is defined as any individual under the age of 18. An individual is no longer a minor on their 18th birthday unless a court deems otherwise.

Any SSA-89 form that does not meet the SSA’s requirements for compliance will not be accepted.

Required Information Checklist and Tips: All required fields must be complete & legible.

Printed Name	Include the name exactly as it was submitted in the website search. <i>Example: If Joseph Jones was submitted, Joe Jones will be rejected. If Jane E Doe was submitted, Jane Ellen Doe will be rejected.</i>
Date of Birth	Include the date of birth exactly as it was submitted in the website search. All dates on form must be in identical formats. Any variations of dates within the form are not acceptable.
SSN	Include the SSN exactly as it was submitted in the website search.
Reason for authorizing consent	Intellicorp’s contract with the SSA limits the “Reason for authorizing consent” to: <ul style="list-style-type: none"> • To apply for a job • For Other: Must list only 1 “Other” reason. The below are the only acceptable “Other” reasons. <ul style="list-style-type: none"> • Fraud Investigation • Credit check
Company Name	Make sure company name is complete
Company Address	Make sure company address is complete and includes Number, Street, City, State & Zip Code.
Agent’s Name	Must be IntelliCorp Records, Inc.
Agent’s Address	Must be Intellicorp’s full address
Signature	The form must be signed and dated by the subject. This must be a physical (wet) signature. Electronic signatures are not acceptable. A hand-printed signature is acceptable if the Social Security number holder furnishes a statement indicating that it is his/her usual signature. This statement must have the SSN holder’s printed signature, and be attached to the consent (SSA-89) form.
Date Signed	The date the candidate signed must be on or after the search order date. The date signed must be within 90 calendar days (includes holidays & weekends) unless otherwise indicated on the SSA-89 form. Any variations of dates within the form are not acceptable. The Date Signed MUST be <i>on or after</i> the date the order is submitted. If non compliant forms are sent back to the client and as a result, the client collects an updated SSA-89 form, then they must also submit a new search request. VALID consent must be obtained <i>prior</i> to ordering the search.
Relationship	Must be filled out if form signed by parent or guardian.

Form SSA-89 (12-2020)

Below are the corresponding fields we review to ensure the forms meet the SSA's compliance requirements.

Form SSA-89 (12-2020)
Discontinue Prior Editions
Social Security Administration

OMB No.0980-0760

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

Printed Name: _____ Date of Birth: _____ Social Security Number: _____

Reason for authorizing consent: (Please select one)

- To apply for a mortgage
- To apply for a loan
- To meet a licensing requirement
- To open a bank account
- To open a retirement account
- Other
- To apply for a credit card
- To apply for a job

With the following company ("the Company"):

Company Name: _____

Company Address: _____

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

Agent's Name: CARCO Group, Inc. dba Intellicorp

Agent's Address: 3000 Auburn Drive, Suite 410, Beachwood OH 44122

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 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 one-time use. 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): _____

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>