

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

The Social Security Administration requires IntelliCorp to obtain a current and compliant SSA-89 form for each Consent Based Social Security (CBSV) search submission.

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@intellincorp.net or faxed to: (216) 342-2473.

The SSA-89 Form requirements:

- SSA-89 form is only valid for 1 time use. You should use it for more than 1 request.
- Copies of SSA-89 forms must be a scanned, faxed or emailed to IntelliCorp Records.
 - Photos of forms are not acceptable.
- All required fields must be complete & legible.
 - The SSA has 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.
 - Address must be complete and include: Number, Street, City, State & Zip Code.
- Form SSA-89 (12-2020) is a single page.
- Only one piece of information per field.
- Received form copies cannot be faded or have faded fields.
- All dates on form must be in identical formats.
- **No modifications or alterations** below are some examples of modifications/alterations:
 - Added text boxes or other objects.
 - “Scratched out” information, unless initialed by the SSN Holder (initials similar to signature).
 - Headers, footers, stamps, notes or other information not on original form.
 - Fields that appear “whited out” or overwritten.
- You cannot modify the form after the SSN holder has signed it. Forms that appear to have information added after signed, such as a third type of font or writing and /or different color ink are not compliant.
- All SSA-89 Forms **must** be physically signed by the subject. No electronic signatures.
- 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.
- The date the candidate signed must be within 90 **calendar** days (includes holidays & weekends) unless otherwise indicated on the SSA-89 form.
- 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:

<input type="checkbox"/> Printed Name	<p>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></p>
<input type="checkbox"/> Date of Birth	<p>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.</p>
<input type="checkbox"/> SSN	<p>Include the SSN exactly as it was submitted in the website search.</p>
<input type="checkbox"/> Reason for authorizing consent	<p>Intellicorp’s contract with the SSA limits the “Reason for authorizing consent” to:</p> <ul style="list-style-type: none"> • To apply for a mortgage • To apply for a job • For Other: <ul style="list-style-type: none"> • Fraud Investigation • Credit check
<input type="checkbox"/> Company Name <input type="checkbox"/> Company Address	<p>Make sure company information is complete and accurate. Include a street address, city, state and zip code.</p>
<input type="checkbox"/> Agent’s Name	<p>Must be IntelliCorp Records, Inc.</p>
<input type="checkbox"/> Agent’s Address	<p>Must be Intellicorp’s full address</p>
<input type="checkbox"/> Signature	<p>The form must be signed and dated by the subject.</p> <p>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.</p> <p>This must be a physical (wet) signature. Electronic signatures are not acceptable.</p>
<input type="checkbox"/> Date Signed	<p>Must be within the 90 calendar days or other specified valid date range. All dates on form must be in identical formats. Any variations of dates within the form are not acceptable.</p>
<input type="checkbox"/> Relationship	<p>Must be filled out if form signed by parent or guardian.</p>

Form SSA-89 (12-2020)

Form SSA-89 (12-2020) ← Must be current version
Discontinue Prior Editions
Social Security Administration

OMB No.0960-0760

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

Printed Name: Legible; matches submission & signature
Date of Birth: Legible; complete; Minor?
Social Security Number: Legible; & complete

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 Fraud Investigation; Credit Check

With the following company ("the Company"):

Company Name: Legible; & complete

Company Address: Legible; & complete

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

Agent's Name: IntelliCorp Records, Inc. Must be IntelliCorp Records, Inc.

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

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: Physical/Wet signature; No Electronic signatures; Printed needs form Date Signed: w/in 90 calendar days

Relationship (if not the individual to whom the SSN was issued): Need proof of guardianship for minors

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.