

# 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)**. Form SSA-89 (02-2018) not acceptable after 7/31/2021.

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

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 scanned, faxed or emailed to IntelliCorp Records.
  - Photos of forms are not acceptable.
- 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.
  - Address must be complete and include: Number, Street, City, State & Zip Code.
- Both pages of the form must be provided for Form SSA-89 (02-2018).
  - 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, 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 a statement indicating that it is his/her usual signature. 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"/> <b>Printed Name</b>	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. If Jane E Doe was submitted, Jane Ellen Doe will be rejected.</i>
<input type="checkbox"/> <b>Date of Birth</b>	Include the date of birth <b>exactly</b> 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.
<input type="checkbox"/> <b>SSN</b>	Include the SSN <b>exactly</b> as it was submitted in the website search.
<input type="checkbox"/> <b>Reason for authorizing consent</b>	Intellicorp’s contract with the SSA limits the “Reason for authorizing consent” to: <ul style="list-style-type: none"> <li>• To apply for a mortgage</li> <li>• To apply for a job</li> <li>• For Other: <ul style="list-style-type: none"> <li>• Fraud Investigation</li> <li>• Credit check</li> </ul> </li> </ul>
<input type="checkbox"/> <b>Company Name</b> <input type="checkbox"/> <b>Company Address</b>	Make sure company information is complete and accurate. Include a street address, city, state and zip code.
<input type="checkbox"/> <b>Signature</b>	The form must be signed and dated by the subject.  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.  This must be a physical (wet) signature. Electronic signatures are not acceptable.
<input type="checkbox"/> <b>Date Signed</b>	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.
<input type="checkbox"/> <b>Relationship</b>	Must be filled out if form signed by parent or guardian.

**Contact information of individual signing authorization:** Only on Form SSA-89 (02-2018) not acceptable after 7/31/2021.

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

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

Printed Name: <b>Legible; matches submission &amp; signature</b>	Date of Birth: <b>Legible; complete; Minor?</b>	Social Security Number: <b>Legible; &amp; complete</b>
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Reason for authorizing consent: (Please select one)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> To apply for a mortgage    | <input type="checkbox"/> To apply for a loan          | <input type="checkbox"/> To meet a licensing requirement |
| <input type="checkbox"/> To open a bank account     | <input type="checkbox"/> To open a retirement account | <input type="checkbox"/> Other                           |
| <input type="checkbox"/> To apply for a credit card | <input type="checkbox"/> To apply for a job           | <b>Fraud Investigation; Credit Check</b>                 |

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](http://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>.