

Social Security Administration

OMB No.0960-0760

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

Printed Name: Name must match exactly as submitted to HireRight	Date of Birth: mm/dd/yyyy	Social Security Number: XXX-XX-XXXX
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I want this information released because I am conducting the following business transaction:

Employment

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 |

The format of Date Of Birth and Date Signed fields must be entered as mm/dd/yyyy for both date fields.

with the following company ("the Company"):

Company Name: Legibly enter the full Company Name of your employer or prospective employer

Company Address: Legibly enter the full Company Address of your employer or prospective employer

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:

Global Screening Solutions Inc

8400 E Crescent Pkwy 6th Floor, Greenwood Village, CO 80111

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.

****Note: Please leave these fields blank****

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: **No Electronic Signatures ACCEPTED**

Date Signed:

Relationship (if not the individual to whom the SSN was issued): *Options are N/A, Parent, or Guardian*

Contact information of individual signing authorization:

****Note if you are under the age of 18, a parent or guardian must sign and submit a birth certificate.****

Address: *Your Current Street Address*

City/State/Zip: *Your Current City, State, and Zip Code*

Phone Number: *Your Current Telephone Number*

****IMPORTANT Notice to number holder (Applicant: Please review page 1 to ensure all sections are completed accurately and filled out in their entirety. No alterations, white-outs or crossovers are permitted. Page 1 and Page 2 are two separate pages. Page 1 is to be completed and submitted along with Page 2, The Privacy Act Statement. Failure to include both pages upon submittal will result in further delays in processing your order as BOTH pages are required for processing.****