



**Fax The Completed Form To:
(866)827-2076**

**Authorization for the Social Security Administration to Release
Social Security Number Verification**

Printed Name (Required)

First: _____ Middle: _____ Last: _____

SSN (Required): _____ Date of Birth (Required) _____
xx/xx/xxxx

I authorize the Social Security Administration to verify my Social Security number to

Enter Company Name: _____
through their agent, Sysdome an Affinity Corporation.

I understand that my consent allows no additional information from my Social Security records to be provided to Sysdome and that the verification of my Social Security number will be used for the purpose of securing a mortgage. I also understand that my Social Security number may not be used for any other purpose other than the one stated above, including resale or re-disclosure to other parties. The only other re-disclosure permitted by this authorization is for review purposes to ensure that Sysdome and Affinity Corporation complies with SSA's consent requirements.

I am the individual to whom the Social Security number was issued or that person's legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I know 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.

Signature (Required): _____ Date Signed: _____

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above.

Contact information of individual signing authorization (Required):

Address: _____

Phone Number: _____

If consent is signed other than by the individual named above, indicate relationship:
