Form **SSA-89** (04-2023) Discontinue Prior Editions Social Security Administration

OMB No.0960-0760

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

TO INCICASE O	ocial occurry Humber (Join Vernication
Printed Name:	Date of Birth:	Social Security Number:
Reason for authorizing consent: (Please sel-	ect 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	Employment Related
With the following company ("the Company'	'):	
Company Name: Security Services	of CT, Inc.	
Company Address: 25 Controls Drive	, Shelton, CT 06484	
The name and address of the Company's Ag	gent (if applicable):	
Agent's Name: Accio Data		
Agent's Address: P.O. Box 787, Drip	oping Springs, TX 78620	
	the individual to whom the Social Sec a legally incompetent adult. I declare ect. I acknowledge that if I make any	curity number was issued or the parent or legal and affirm under the penalty of perjury that the representation that I know is false to obtain
This consent is valid only for one-time us otherwise by the individual named above		odays from the date signed, unless indicated ame, fill in the following:
This consent is valid fordays from	n the date signed(Ple	ase initial.)
Signature:		Date Signed:
Relationship (if not the individual to whom t	he SSN was issued):	
Privacy Act S	tatement Collection and Use of Pe	rsonal Information
Sections 205(a) and 1106 of the Social Sections	urity Act, as amended, allow us to co	llect this information. Furnishing us this

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). We may also share your information for the following purposes, called routine uses: - To contractors and other Federal agencies, as necessary, to assist us in efficiently administering our programs; and - To student volunteers, persons working under a personal services contract, and others, when they need access to information in our records in order to perform their assigned agency duties. 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, as published in the Federal Register (FR) on December 29, 2010, at 75 FR 82121. Additional information, and a full listing of all our SORNs, is available on our website at www.saa.gov/privacy.

Paperwork Reduction Act StatemenfThis 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 (OMB) control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.

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.

Must Be Visible, Not Cut Off

Form SSA-89 (04-2023)
Discontinue Prior Editions
Social Security Administration

SAMPLE INSTRUCTIONS SHEET DO NOT USE SAMPLE

Must Be Visible, Not Cut Off OMB No.0960-0760

Authorization for the Social Security Administration (SSA)

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Company Name:	Security Services	s of CT, Inc.	DO NOT			
Company Address	s: 25 Controls Drive	e, Shelton, CT	06484 CHANG	E		
The name and add	dress of the Company's A	Agent (if applicable)	2			
Agent's Name:	Accio Data		Pre-Fille DO NO			
Agent's Address:	P.O. Box 787, Dri	ipping Springs,	The second secon		22-23-117	
guardian of a mino		rrect. I acknowledge	e that if I make any	represer	m under the penalty of perjury that tation that I know is false to obtained up to \$5,000	
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http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf.