



800.537.0458
www.advanceddata.com

SSNV

Prepared for LENDING COMPANY
October 1st, 2016

SUMMARY

SSN VERIFICATION SSA DIRECT CONNECTION

VALIDATION INFO

Order Number	34343-SSN	SSN	***-**-7376
Requested on	10/1/2016	Full Name	John Smith
Requested by	Cathy Davis	Birth Date	04/02/1968
Loan Number		Form SSA-89	34343-SSA89.pdf
Loan Officer			
Loan Processor			



STATUS: VALID

Verified with Social Security Administration

IMPORTANT: This report is for the exclusive use of the person to whom placed the orders and may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any viewing, copying, use, disclosure or distribution of this information may be subject to legal restriction or sanction. Please notify the sender, by email or telephone, of any unintended recipients and delete the original message without making any copies.

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Questions? Please call ed 800 537 0458 or email voe@advanceddata.com attention VOE+ Staff. Please try to include the order number with your inquiry to expedite service.

LOAN #: 35513120499
Form Approved
OMB No. 0960-0760

Social Security Administration

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

Printed Name: [REDACTED]	Date of Birth: April 2, 1968	Social Security Number: [REDACTED]
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I want this information released because I am conducting the following business transaction:
Applying For A Mortgage

Reason (s) for using CBSV: (Please select all that apply)

- Mortgage Service
- Banking Service
- Background Check
- License Requirement
- Credit Check
- Other

with the following company ("the Company"):

Company Name: [REDACTED]

Company Address: [REDACTED]

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: **Advanced Data**
212 E. Harford St.
Millford, PA 18337

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 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 90 days from the date signed. *[Signature]* (Please initial.)

Signature: [REDACTED] Date Signed: 12-12-13

Relationship (if not the individual to whom the SSN was issued): _____

Contact information of individual signing authorization:

Address: [REDACTED]

City/State/Zip: [REDACTED]

Phone Number: [REDACTED]

