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

Printed Name:	Date of Birth:	Social Security Number:
Your Name Printed	Your Birth Date	Your Social Security Number

Reason for authorizing consent: (Please select 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

With the following company ("the Company"):

Company Name: North Carolina Medical Board

Company Address: 3127 Smoketree Court, Raleigh, NC 27604

The name and address of the Company's Agent (if applicable):

Agent's Name: Leave Blank

Agent's Address: Leave Blank

I authorize the Social Security Administration to verify my SSN (to match my name, SSN, and date of birth with information in SSA records and provide the results of the match) to the Company or Company's Agent, if applicable, for the purpose I identified. I also authorize SSA to disclose the basis for a no-match to the Company and/or Company Agent, when it is a Permitted Entity as defined by section 215 of the Economic Growth, Regulatory Relief, and Consumer Protection Act. I am the individual to whom the SSN was issued or the parent or legal guardian of a minor or 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: Your Physical Signature	Date Signed: Date signed

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

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, which we will use to verify your Social Security Number to a company or company's agent. Providing this information is voluntary, but not providing such may prevent us from assisting you with the request. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notice 60-0058, available at **www.ssa.gov/privacy**. The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

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 (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. **.**

----------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.