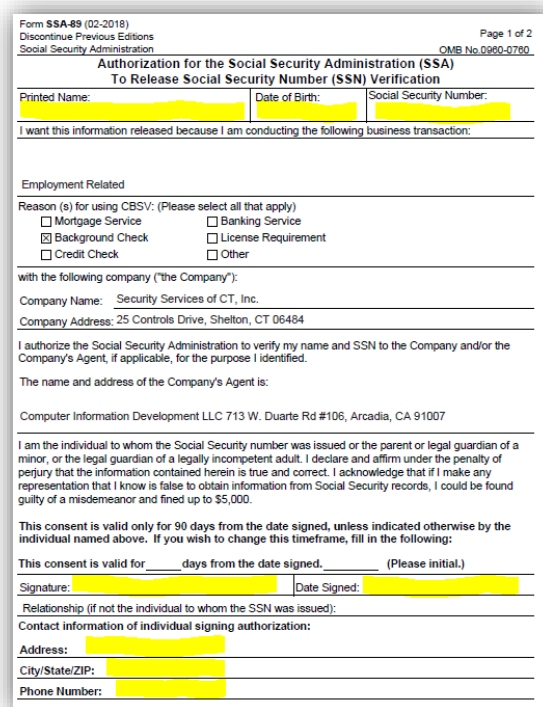


## CBSV Remote Upload Guideline

Consent Based Social Verification (CBSV) requires a hand signed Federal form called the SSA-89. Please follow the following steps carefully in order to make sure you securely get the SSA-89 attached to your report. SSC is unable to process a CBSV search without the SSA-89, which is directly provided to the Social Security Administration (SSA).

**Step 1.** Download the [SSA-89 HERE](#)

**Step 2.** Print SSA-89 and fill out the highlighted locations only by hand, **no stamps or electronic signatures** (Warning: Failing to fill out all proper locations will result in a rejection by the SSA)



Form SSA-89 (02-2018) Page 1 of 2  
Discontinue Previous Editions  
Social Security Administration OMB No. 0960-0760

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

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I want this information released because I am conducting the following business transaction:

Employment Related

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: Security Services of CT, Inc.  
Company Address: 25 Controls Drive, Shelton, CT 06484

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:

Computer Information Development LLC 713 W. Duarte Rd #106, Arcadia, CA 91007

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 \_\_\_\_\_ days from the date signed. \_\_\_\_\_ (Please initial.)

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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

Contact information of individual signing authorization:

Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Step 3.** You will need to scan the completed SSA-89 and save it as a PDF document on your device:

If you do not have a scanner you can use this Android/IOS APP to take a picture and convert the file to a PDF:



**Step 4.** Once you have successfully scanned and have the form saved as a PDF please upload it to the link below:

[SECURE UPLOADER HERE](#)

If you do not have the ability to perform the above instructions please contact your HR Representative