

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

Printed Name

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

PIEDMONT MORTGAGE CORPORATION

I understand that my consent allows no additional information from my Social Security records to be provided to Piedmont Mortgage Corporation, 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.

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

Signature (Required): _____ Date Signed: _____

This consent is valid only for 30 days from the date signed, unless indicated otherwise by the individual named above.



2900 Piedmont Rd NE Atlanta GA 30305