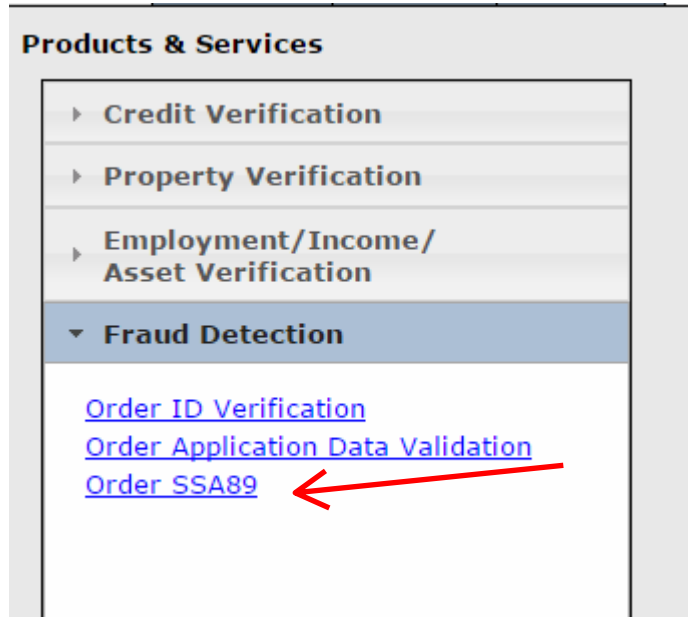


# How to Order SSA89 from CIS

From the main desktop screen in the [CIS ordering platform](#), choose the **Fraud Detection** category of Products & Services, then select **Order SSA89**:



On the following screen, fill in required fields, upload both pages of SSA89 form, and select **Order**.

The screenshot shows the "SSA 89" form in a web browser. The browser address bar shows "https://cis.meridianlink.com/shared/identity\_search/SearchInput.aspx". The page title is "CIS INFORMATION SERVICES". The breadcrumb trail is "Main > Identity Verification". The form has a "File #" dropdown in the top right. The "SSA 89" section includes a "Branch" dropdown (SANDYS MORTGAGE COMPANY-CIS-8888) and a "User" dropdown (SHARIN PEET) with a "Cancel" button. Below this are fields for "Reference#" and "Email Notification" (speet@cisinfo.net). The "BORROWER INFORMATION" section includes fields for "First Name", "Middle Name", "Last Name", "Suffix", "SSN", "DOB", and "Home Phone". At the bottom, there is an "Upload Signed SSA 89 Form (PDF File smaller than 2MB)" section with a "Choose File" button (No file chosen) and a "Download SSA 89 Form" link. On the right side, there is an "Options" panel with a "Pay by credit card" checkbox and an "Order" button.

Note: An Attestation form must be on file with CIS before SSA89 requests will process.

**SEE BELOW INSTRUCTIONS FOR COMPLETING THE SSA89 REQUEST FORM:**

**Instructions for completing FORM SSA-89 Authorization for SSA to Release SSN Verification:**

1. The Form SSA-89 must be filled out completely and legibly.
2. The SSN Number Holder must sign the Form SSA-89.
3. **No modifications, edits, strikeouts can be made to the signed copy of the Form SSA-89.**
4. An imaged copy of the completed and signed Form SSA-89 must accompany the online request.
5. **The SSA only accepts wet-ink signatures.** Digital signatures and e-signed forms are rejected by the SSA.

Approved form version  
 Form **SSA-89** (12-2020)  
 Discontinue Prior Editions  
 Social Security Administration

Margins may include only the following:  
 Barcode, quick response (QR) code,  
 tracking number or fax date/time stamp

OMB No.0960-0760

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

Ensure all highlighted fields are completed

1 Printed Name: \_\_\_\_\_ 2 Date of Birth: \_\_\_\_\_ 3 Social Security Number: \_\_\_\_\_

4 Reason for authorizing consent: (Please select one) **Must check one**

<input type="checkbox"/> To apply for a mortgage	<input type="checkbox"/> To apply for a loan	<input type="checkbox"/> To meet a licensing requirement
<input type="checkbox"/> To open a bank account	<input type="checkbox"/> To open a retirement account	<input type="checkbox"/> Other
<input type="checkbox"/> To apply for a credit card	<input type="checkbox"/> To apply for a job	_____

With the following company ("the Company"): **Lender name & address must be included**

5 Company Name: \_\_\_\_\_

6 Company Address: \_\_\_\_\_

The name and address of the Company's Agent (if applicable): **This full agent name & address must be included**

7 Agent's Name: PitchPoint Solutions Corp.

8 Agent's Address: 8586 Potter Park Drive, STE 108, Sarasota, FL 34238

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. 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 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:**

9 **Optional -but if day is included, it must be initialed**  
 This consent is valid for \_\_\_\_\_ days from the date signed. \_\_\_\_\_ (Please initial.) **Date must be within 90 days or as indicated above**  
*Wet ink signatures only, digital signatures not permitted*

10 Signature: \_\_\_\_\_ 11 Date Signed: \_\_\_\_\_

12 **Optional** Relationship (if not the individual to whom the SSN was issued): The only relationship permitted is 'Self'