

NATIONWIDE       X       COUNTY                     

I, \_\_\_\_\_, hereby consent and agree, without any reservation for Career Pro Occupational Express (CPOE) and any party or agency contacted by CPOE, to perform a pre-employment background investigation for **Arkansas State University Mid-South**.

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from CPOE. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from CPOE concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to CPOE, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request; including the sources of information and the recipients of any reports on you that CPOE has previously furnished within the two-year period preceding your request. CPOE may be contacted by mail at 6073 Mt. Moriah Ext. Ste. #1, Memphis, TN 38115 or by phone at 901-888-1131 or by fax at 901-888-1132.

I hereby agree that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original

I understand, as my signature below acknowledges, that I have read and understand this form and waive any rights I may have to bring criminal and/or civil action for defamation, invasion of privacy or any similar cause against CPOE their staff or agents.

Print full name: Last (include Maiden name)	First	Middle
---	-------	--------

Home Address	
--------------	--

City	State	Zip Code
------	-------	----------

Social Security Number	Date of Birth	Race	Sex
123-45-6789	1980-01-01	White	Male
987-65-4321	1985-03-15	Black	Female
555-44-3333	1990-07-22	Hispanic	Male
111-22-3333	1975-11-10	Asian	Female
222-33-4444	1982-05-05	White	Male
333-44-5555	1988-09-18	Black	Female
444-55-6666	1992-12-03	Hispanic	Male
555-66-7777	1978-04-27	Asian	Female
666-77-8888	1983-08-14	White	Male
777-88-9999	1987-02-09	Black	Female

Signature	Date
-----------	------

EMAIL ADDRESS
---------------

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

Printed Name:

Date of Birth:

Social Security Number:

Reason for authorizing consent: (Please select 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 checked="" type="checkbox"/> To apply for a job |  |

With the following company ("the Company"):

Company Name: S2Verify, LLC

Company Address: 3600 Mansell Road Suite 500 Alpharetta Ga. 30022

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

Agent's Name: Accio Data

Agent's Address: P.O.BOX 787 Dripping Springs Texas 78620

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:**

**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):

### 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. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent. We will use the information to verify your name and Social Security number (SSN). We may also share your information for the following purposes, called routine uses: - To contractors and other Federal agencies, as necessary, to assist us in efficiently administering our programs; and - To student volunteers, persons working under a personal services contract, and others, when they need access to information in our records in order to perform their assigned agency duties. In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications, as published in the Federal Register (FR) on December 29, 2010, at 75 FR 82121. Additional information, and a full listing of all our SORNs, is available on our website at [www.saa.gov/privacy](http://www.saa.gov/privacy).

**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>.