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

Printed Name

Date of Birth   SSN

I am conducting the following business transaction:

Chaperoning or hosting activities with minors

with the following company:

Denver Sister Cities International, Inc., 2650 East 40th Avenue, Denver, CO 80205

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:

IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, OH 44122

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. 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

Contact information of individual signing authorization:

Address

City/State/Zip

Phone Number

Form SSA-89 (8/15/2008)