

SOCIAL SECURITY NUMBER AUTHORIZATION

SSA

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of REALTORS® (PAR).

1 **CONSUMER NAME** _____

2 **CONSUMER ADDRESS** _____

3 **CONSUMER SOCIAL SECURITY NUMBER** _____

4 **CONSUMER DATE OF BIRTH** _____

5

6 **BROKER** _____

7

8 **A separate authorization form must be completed for each consumer involved in a real estate transaction.**

9

10 I agree that Broker(s), his/her agent(s) and/or employee(s) may provide my social security number to lenders, title agencies, credit
11 reporting companies, or others as necessary for obtaining reports or information from a credit reporting agency, determining the exist-
12 tence of domestic liens, obtaining a criminal background report (for prospective tenants only), ordering a mortgage payoff or for
13 purposes of satisfying requirements of the Patriot Act.

14

15 **CONSUMER UNDERSTANDS THAT BROKER HAS NO CONTROL OVER THE USE OF ANY INFORMATION AFTER**
16 **IT IS DISCLOSED TO A THIRD PARTY. CONSUMER AGREES TO RELEASE AND HOLD BROKER HARMLESS FROM**
17 **ANY AND ALL LIABILITY FOR ANY MISUSE OR SUBSEQUENT DISCLOSURE BY ANY THIRD PARTY OF THE**
18 **INFORMATION OR REPORTS DISCLOSED BY BROKER PURSUANT TO THE TERMS OF THIS AUTHORIZATION.**

19

20 **Consumer’s signature serves as an acknowledgement of receipt of a copy of this authorization.**

21

22 **WITNESS** _____ **CONSUMER** _____ **DATE** _____



Pennsylvania Association of REALTORS®

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Residential Buyer's

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