



Ordering an I.D. Verify Plus Report (IDVP)

- 1.) Complete the Form SSA-89 and obtain a signature from the Borrower – complete one SSA-89 form per borrower/SSN you wish to verify
- 2.) Complete the Informative Research IDVP Processing Request form – we need this information to process and return your order:
 - a. IR Customers Name/Broker Name
 - b. IR Customer Account Number
 - c. IR Customer phone number (To be used if IR requires additional order information or needs to authorize use of your on-file credit card [for accounts on credit card only billing].)
 - d. Borrower First & Last Name
 - e. Email address to return the order once it has been processed
- 3.) Fax the **signed** Form SSA-89 and the Processing Request Form to Informative Research at **800-800-0451** – please complete the form electronically using the PDF version included herein.
- 4.) The verification normally takes 1-2 business hours to process with the Social Security Administration:
 - a. **Note:** if your account is on credit card only billing, you will receive a call to authorize your on-file card for the I.D. Verify Plus service.
- 5.) Once your order has been processed, Informative Research will send the verification records to you via e-mail (using the e-mail provided on the order form).

To check on the status of an IDVP Order, please send an email to ssnverification@informativeresearch.com. Please include your IR Account Number and the borrower's First & Last Name in your e-mail.



Consent Based Social Verification Service

Standard pricing will apply to your I.D. Verify Plus Report order.

Important: Please ensure an account administrator has authorized the use of this product with Informative Research.

(800) 473-4633

I.D. Verify Plus (IDVP) Processing Request Form

In order to assist with the processing of your order, we will require some additional information in addition to the Form SSA-89.

Please fax the IDVP Processing Request form, along with the signed Form SSA-89 to Informative Research at **800-800-0451**.

Once your order has been placed with Informative Research you can check on the status of your order by sending an email to **ssnverification@informativeresearch.com**.

Your Customer Information and Order Information:

Customer Name:
(Your Company Name)

Customer Account Number:
(Provide your IR Account Number, this is not your IR Login ID)

Contact Name:
(Person IR should contact with any questions about the order.)

Phone Number:
(Required: Your contact number is required. We may have questions about your order; for credit card only billing customers we will call this number to obtain a verbal credit card authorization for your order – your order will not be processed without this verbal authorization.)

Borrower Name:
(Borrower name on the Form SSA-89.)

How would you like your order returned once Informative Research has completed processing your request?

Return my order to the following email address:

Email Address:
(Double check email address to ensure accuracy.)

IMPORTANT: Any inaccurate data entered into the Form SSA-89 will likely cause a verification result of 'not verified.' While Informative Research is not responsible for inaccurate data entered on the Form SSA-89, we recommend filling out the Form SSA-89 (included herein) electronically, and double-checking your borrower information.

**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:

[Identify a specific purpose. Example—seeking a mortgage from the Company– “identity verification” or “identity proof or confirmation” is not acceptable.]

with the following company (“the Company”):

Company Name	Address

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:

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 _____

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City/State/Zip _____

Phone Number _____