

**FRANK PHILLIPS COLLEGE
Safety Training Center**

SOCIAL SECURITY VERIFICATION AUTHORIZATION

By signing below, you hereby authorize without reservation, any party or agency contacted by the Frank Phillips College Safety Training Center to verify the below mentioned information. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

Print your Name: _____

Street Address: _____

City: State: Zip: _____

Social Security Number: _____

Drivers License State: _____ **License Number:** _____

The following is for Social Security Verification only:

Date of Birth (MM/DD/YYYY): _____

Signature: _____ **Date:** _____

Please attach a photo copy of the Social Security Card and Driver's License to this form and have employees bring the original documents to training with them.