



**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.