

**AUTHORIZATION TO THE SOCIAL SECURITY ADMINISTRATION
TO OBTAIN PERSONAL INFORMATION**

BENEFICIARY'S NAME		
SOCIAL SECURITY NUMBER		
STREET ADDRESS		
CITY	STATE	ZIP CODE

I authorize the Individual, Organization or Agency listed below to disclose to the Social Security Administration information about me relating to a claim for Social Security benefits. I understand that this information will be kept confidential as required by the Social Security Act and the Privacy Act of 1974. This authorization shall remain in effect for no longer than 12 months from the date of my signature.

Name of Individual, Organization, or Agency

Address

City

State

Zip
Code

Signature of Beneficiary <i>(First name, middle initial, last name)</i> <i>(Write in ink)</i> SIGN HERE	Date <i>(Month, day, year)</i>
Signature of Representative Payee or guardian <i>(First name, middle initial, last name)</i> <i>(Write in ink)</i> SIGN HERE	Date <i>(Month, day, year)</i>

Witnesses are required ONLY if this authorization has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who knows the applicant must sign below, giving their full addresses.

Signature of Witness <i>(First name, middle initial, last name)</i> <i>(Write in ink)</i> SIGN HERE	Date <i>(Month, day, year)</i>	
ADDRESS _____ _____ _____		
Signature of Witness <i>(First name, middle initial, last name)</i> <i>(Write in ink)</i> SIGN HERE	Date <i>(Month, day, year)</i>	
ADDRESS _____ _____ _____		

Privacy Act Statement

The information requested on this form is authorized under Section 205 of the Social Security Act. While the information you furnish on this form would almost never be used for any purpose other than the intended use of this form, such information may be disclosed by the Social Security Administration (SSA) as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using the information as necessary for administrative purposes or as authorized by routine uses in the applicable Privacy Act system of records. For example, SSA may disclose information to other agencies, such as the General Services Administration and the National Archives Records Administration, to comply with Federal laws requiring the release of information from our records. SSA may also use the information you give us when we match records with those of other Federal, State or local government agencies. The law allows SSA to do this even if you do not agree to it. Explanations about possible reasons why information you provide us may be used or provided to other agencies are available upon request from any Social Security office.