GSO Website Registration Form

Complete the following information to obtain access to GSO services. SSA Sponsors should email the completed form to <a href="https://www.user.will.new.user

GSO USER - CONTACT INFORMATION			
Name:			
Organization Name:			
Organization ID or RID:			
Street Address (Line 1):			
Street Address (Line 2):			
City:	State:	Zip Code:	
Email Address:			
Phone (Include area code):			
For SSA internal users only:			
Select user type:			
SELECT UTILITIES THE NEW USER WILL NEED TO ACCESS:			

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SSA SPONSOR VERIFICATION (FOR COMPLETION BY SPONSOR ONLY):			
Sponsor Name:		Phone: (Include area code)	
Sponsor Organization (Office/Division/Branch):			
Sponsor Email address:			
Sponsor Comments:			
FOR DATA EXCHANGE, SHELTERED WORKSHOP, AND SECURE MESSAGING ONLY: list all Trading partners with whom the user will exchange data.			
Name	User ID	Organization/State	
For UIT use only.			

Paperwork Reduction Act Notice: This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.