

Social Security Online

[Disability Home](#)

# Disability Programs



## Authorization to Release Medical and Other Information

OMB Control No. 0960-0623

### How Do I Get the Forms?

If you call us to apply, we will mail you the forms.  
OR you may visit your [nearest Social Security Office](#)  
OR you can print the forms (see Printing Authorization Forms). We need your **dated original signature** on all forms.

**IMPORTANT:** When you contact us to apply, we will tell you where to send or bring the forms.

### I'm Applying for A Child. Are the Forms Different?

No. The form and instructions on this site apply to children and adults

[More About Benefits for Children with Disabilities](#)

If you need help with any Social Security forms, you can call us toll free at 1-800-772-1213 or visit your local Social Security office. We'll be glad to help you.

[More information about how to contact us.](#)

### Instructions: FORM SSA-827

We need your written authorization to help get the information required to process your claim. The SSA-827 is arranged in several sections that provide the most important items legally required for an authorization.

#### Important Note:

This form is NOT an application for disability benefits. You must [contact SSA](#) to apply. These forms are used in addition to your application to collect information about you so we can decide if you meet Social Security's definition of disability.

### What is this Form Used For?

The Authorization to Release Information will be used to request medical records from your health care providers and other people who can provide us with information about your disability. We will need a separate form for each place or person that will provide information.

- This form is used to contact your doctors and other health care providers, and others who

will give us information about you to help us decide your application for disability benefits.

- When you apply, we will give you the forms. But for convenience, they are available on the Internet.

The "**OF WHAT**" section has everything needed for the release of what is considered especially sensitive information, about mental impairment(s); substance abuse; sickle cell anemia; HIV/AIDS or tests for HIV or sexually transmitted diseases; and gene-related impairments (including genetic test results). This specific authorization is routinely included on the form to speed processing the claim and does not mean that we think you may have any of these conditions. Item number 3, about educational tests, usually only applies when the subject of the disclosure is a child. In order to avoid delays caused by getting more forms signed in the future, we also ask you to authorize disclosure of information that may result from treatment after you sign the form. If you have questions regarding this section, or any other aspect of the SSA-827 call 1-800-772-1213 or contact your local Social Security office.

The "**FROM WHOM**" section covers all the sources we may need to contact to help get information about your claim. We need an **original signed, dated, and witnessed** (not photocopied) form for **EACH** medical or other source that you listed on your disability report form(s): (SSA-454, SSA-782, SSA-3368, SSA-3441, SSA-3820, SSA-3881, HA-4486).

Please include at least **2 extra original, signed, dated, and witnessed** forms. These forms may be used to get information from sources that you had forgotten about. (For example, if you have 5 sources, we will need at least 7 SSA-827s). Please do not send us copies of a signed form.

The other sections of the form are fairly self-explanatory.

### How to Complete the Form?

1. Read the entire form, front and back. The information on the back explains some more about how the form will be used and explains the possible consequences of not signing the form. Additional instructions are also on the form. If you have any questions, please

- contact us.
2. Be sure the name of the person whose records must be disclosed (the applicant or beneficiary) is written in the upper right corner of the form, with their own Social Security Number.
  3. Do not fill in the large empty box in the middle of the form; SSA will use this space to help the source identify the information we need.
  4. Do not put a check in the empty block under "PURPOSE" unless SSA specifically asks you to.
  5. **INDIVIDUAL SIGN** - Sign each form in this block.
    - An adult should sign his/her own form.
    - An individual can sign with an "X" if necessary.
    - If an individual has been declared legally incompetent, his/her legal guardian or other legally recognized representative should sign the form.
    - If the individual whose information is going to be disclosed is not the one signing the form, be sure to check the box to the right that shows that person's authority to sign (parent, guardian, etc.) and then give proof of that legal relationship to SSA. If the subject of disclosure is a minor, then a custodial parent, guardian or other legally recognized representative should sign the form.
    - If the subject of the disclosure is age 12 or older but still considered to be a minor under State law, he or she should sign the form and the parent, guardian or other legally recognized representative should sign in the "Parent/guardian sign" area to the right.
  6. **ALWAYS** enter the DATE the form is signed.
  7. Enter the address and daytime phone number of the individual signing the form.
  8. **"WITNESS SIGN"** - The signature of the individual signing the forms must be witnessed by at least one other individual. Many sources will not honor our request unless it is witnessed.
    - The witness can be any competent adult (spouse, social worker, Social

Security employee, etc.).

- The witness should sign and provide his or her address information in case the source wants to confirm the signature.
- A second witness is usually only required if the subject of the disclosure signs with an "X."

### Printing Authorization Forms?

SSA offers forms in Portable Document Format (PDF). To read and print a PDF publication, you must have the Adobe Acrobat Reader® software installed on your computer. You can download the

Adobe Acrobat Reader for no charge.



[Authorization to Release Information Form \(SSA-827\)](#)

### What to do with the Form?

Mail it to the Social Security office that is servicing your claim or bring it with you if you are going into that office. If you have not yet filed a claim, please contact us about filing an application for disability benefits. [CONTACT SOCIAL SECURITY NOW.](#)

[Other SSA Forms](#)

[Disability Report Form Guide](#)

[Learn More About Disability Benefits and How We Decide If You Are Disabled](#)



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Last reviewed or modified Wednesday Dec 12, 2007

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***The following revised PRA Statement will be inserted into the instructions at its next scheduled update:***

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. 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 3 minutes to read the instructions. *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.*