

Social Security Online

Social Security Online Services

www.socialsecurity.gov



~~Acknowledgement For Online Services~~

Terms for Use of Online Services

[Screen name changed to: **Terms for Use of Online Services**]
 [We have simplified the language on this page.]

IMPORTANT: [Changed to: **! Use of this Online Service**]

You can use this website to ~~gain access to your~~ **get your** personal information. If you are acting on behalf of another person, ~~or if you are a Representative Payee,~~ you cannot use this online service and should contact a Social Security ~~representative~~ **directly**.

[We changed the order of the text entries. First, we display OMB Clearance language along with a link to the Paperwork Reduction Act. We spell out the month for OMB Expiration Date.]

The OMB control number for this form is 0960-0596; expiration date September 30, 2012. Please select the link below to read about SSA's legal authority for collecting information.
[Paperwork Reduction Act](#)

[Next, we added the link to the Privacy Act Statement for Online Services and framed it. We also added a check box. User must indicate that s/he read the Privacy Act Statement.]

Privacy Act Statement for Online Services
[Privacy Act Statement](#)

I have read the Privacy Act Statement.

Any person who knowingly and willingly makes any representation **that is:**

- ~~that is false to obtain,~~ **in order to get** information from Social Security ~~our~~ **our** records, and/or

- ~~that is intended to deceive the Social Security Administration (SSA) us as to~~ **about** the true identity of the individual,

could be punished by a fine or imprisonment, or both.

~~Please select the link below to read about SSA's legal authority for collecting information.~~

~~[Paperwork Reduction Act.](#)~~

I have read and agreed to the above statement. I am the individual whose personal information I am requesting.

I Agree

Exit

If you need ~~immediate assistance~~ **help now:**

You may call us Monday through Friday: 7:00 AM - 7:00 PM at:
1-800-772-1213

If you are deaf or hard-of-hearing, call our toll-free TTY number:
1-800-325-0778

 **FIRSTGOV**

[Need Larger Text?](#)

[Privacy Policy](#) | [Website Policies & Other Important Information](#) | [Site Map](#)

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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 (OMB) control number. The OMB control number for this form is 0960-0596; expiration date ~~09/30/2012~~ **September 30, 2012**. We estimate it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to SSA, 1338 Annex Building, Baltimore, MD 21235-0001. **Send only comments on our time estimate to this address, not the completed form.**

Close this window to return to the application.

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Information We Need

Please provide the following information:

Enter your full name:

First name; middle initial, **M.I.** if any; last name; Suffix, if any

Your Full Name. First name; middle initial, if any; last name; Suffix, if any. Enter your first name. Enter your middle initial. Enter your last name. Enter your suffix.

Other last name:

For example, your name as shown on a recent letter from Social Security or your maiden name

Enter other last name. For example, your name as shown on a recent letter from Social Security or your maiden name. **Enter your last name as shown on your latest Social Security card.**

Mother's Maiden Name: [MMN moved up on the screen to be grouped with the other name entries.]

Mother's Maiden Name. Last name only ??1—20 letters.?, **Enter the last name only**

Enter Your Social Security number (SSN):

Enter numbers without dashes, for example, 123456789 **Enter the numbers with or without dashes.**

Enter your Social Security Number: Enter numbers without dashes, for example, 123456789.

Select your **d**Date of birth:

Select your date of birth. Month. Your date of birth. Day. Your date of birth. Year.

[Day and Year will no longer be drop-down lists. The user will key the day and year.]

Place of birth:

~~Select state or enter name of foreign country of birth~~

~~Place of Birth: Select U.S. State or Territory~~ **U.S. State or Territory**

~~Place of Birth: Please enter Foreign Country name~~ **Or Foreign Country** **Other**

[User will select “U.S.” or “Other” using a radio button. If “U.S.” is selected, a drop-down list of states and territories will be displayed for user to select from. If “Other” is selected, a drop-down list of foreign countries will be displayed for user to select from.]

Mother's Maiden Name:

~~Mother's Maiden Name. Last name only ??1—20 letters.~~ **Last name only**

(ACU Error Message 016)

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Check The Social Security Number You Entered

We cannot accept the Social Security number that you provided.

Please check this number. If this is your correct Social Security number, contact a Social Security representative.

Be sure to mention that you tried to use this online service.

If you need immediate assistance:

You may call us Monday through Friday: 7:00 AM - 7:00 PM at:
1-800-772-1213

If you are deaf or hard-of-hearing, call our toll-free TTY number:
1-800-325-0778

If you need to visit your local Social Security office:

You can get directions and a map to your local Social Security office by visiting the [Field Office Locator](#).

If you are outside the United States:

Contact your nearest Social Security office, or [U.S. Embassy or Consulate](#), or the [Veterans Affairs Regional Office \(VARO\) in the Philippines](#).

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