Social Security Administration

Form Approved
OMB No. 0960-0189

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 (First name, middle initial, last name) (Write in ink) SIGN HERE ▶	Date (Month, day, year)
Signature of Representative Payee or Guardian (First name, middle initial, last name) (Write in ink) SIGN HERE ▶	Date (Month, day, year)

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 know the applicant must sign below, giving their full addresses.

Signature of Witness (First name, middle initial, last name) (Write in ink) SIGN HERE ▶ ADDRESS	Date (Month, day, year)
Signature of Witness (First name, middle initial, last name) (Write in ink) SIGN HERE ▶ ADDRESS	Date (Month, day, year)

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.

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 5 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *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.***