

**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: \_\_\_\_\_

**Privacy Act Statement** See Revised 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.*

*SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:*

## **Privacy Act Statement**

### **Collection and Use of Personal Information**

Section 205 of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide on this form to obtain information from another individual, organization, or agency regarding your Social Security benefits.

Completion of this form is voluntary; however, failure to provide all or part of the information could prevent us from correctly reviewing your Social Security benefits.

We rarely use this information you supply for any purpose other than for reviewing your claim for Social Security benefits. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems is available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.