

EDCS Blank

827 eAuthorization	
Status	
Date recorded to eFolder:	Method:
Interview	
Interview type: <input type="radio"/> In Office <input type="radio"/> Telephone <input checked="" type="radio"/> Not yet answered	
Attestation Script	
<p>"Here is a printed copy the SSA-827 for your review. We will ask you to acknowledge that you have read the SSA-827 (Authorization to Disclose Information to the Social Security Administration), and confirm your intent to sign this form. It will be used to request all of your medical records and other information related to your ability to perform tasks. We will ask you to confirm the truthfulness of your answers under penalty of perjury and we will record your responses. You should be aware that you can be held legally responsible for giving us false information."</p>	
Obtain Proper Applicant's Affirmation of Intent to sign the SSA-827 and Understanding of Penalty Clause	
<ul style="list-style-type: none">• "Do you understand that the SSA-827 that you have read and agreed to sign will be used to request all of your medical records and other information related to your ability to perform tasks?"• "Do you declare under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge?"	
Does the individual agree to the above questions and to authorize disclosure? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not yet answered	

EDCS - Yes Option

11/20/2014 10:00:00 AM - Mozilla/5.0 (Windows; UoS; rv:11.0) Gecko/20100101 Firefox/11.0

Select Form(s) | Add Sources | Check Filite | Transfer | Print Form(s) | Create Barcode | Claims Actions | eForms | Help | Close Case | Exit

827 eAuthorization AN: 123 45 6789 DSI: N CFF: NYA [Open in eView](#) [Show Instructions](#)

827 eAuthorization

Status

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Attestation Script

"We will ask you to acknowledge that you have read the SSA-827 (Authorization to Disclose Information to the Social Security Administration), and confirm your intent to sign this form. It will be used to request all of your medical records and other information related to your ability to perform tasks. We will ask you to confirm the truthfulness of your answers under penalty of perjury and we will record your responses. You should be aware that you can be held legally responsible for giving us false information."

Obtain Proper Applicant's Affirmation of Intent to sign the SSA-827 and Understanding of Family Clause

- Do you understand that the SSA-827 that you have read and agreed to sign will be used to request all of your medical records and other information related to your ability to perform tasks?
- Do you declare under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge?

Does the Individual agree to the above questions and to authorize disclosure? Yes No Not yet answered

I attest to the Individual's Intent to authorize disclosure.

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EDCS – Yes In Office

EDCS 220 95 0280 Mark Howard Arthur Windows Internet Explorer

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827 eAuthorization AN: 121-45-6/09 USI: N CLF: NYA [Open in eView](#) [Show Instructions](#)

827 eAuthorization

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Interview

Interview type: In Office Telephone Not yet answered

Attestation Script

There is a printed copy the SSA 827 for your review. We will ask you to acknowledge that you have read the SSA 827 (Authorization to Disclose Information to the Social Security Administration), and commit your intent to sign this form. It will be used to request all of your medical records and other information related to your ability to perform tasks. We will ask you to confirm the truthfulness of your answers under penalty of perjury and we will record your responses. You should be aware that you can be held legally responsible for giving us false information.

Obtain Proper Applicant's Affirmation of Intent to sign the SSA-827 and Understanding of Penalty Clause

- "Do you understand that the SSA 827 that you have read and agreed to sign will be used to request all of your medical records and other information related to your ability to perform tasks?"
- "Do you declare under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge?"

Does the individual agree to the above questions and to authorize disclosure? Yes No Not yet answered

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Trusted site | Protected Mode: Off 100%

EDCS - No Option

EDCS 200 93 0080 Ward Howard Arthur - Windows Internet Explorer

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827 eAuthorization AN: 123-45-6/09 USI: N CLF: NYA [Open in eView](#) [Show Instructions](#)

Forms

- 3368
- 827
- eAuthorization**
- 3367
- 3369
- Title II/Title XVI
- Authorized Rep
- Flags/Message

827 eAuthorization

Status

Date recorded to eFolder:	Method:
Interview	
Interview type: <input type="radio"/> In Office <input checked="" type="radio"/> Telephone <input type="radio"/> Not yet answered	

Attention Script

"We will ask you to acknowledge that you have read the SSA-827 (Authorization to Disclose Information to the Social Security Administration), and confirm your intent to sign this form. It will be used to request all of your medical records and other information related to your ability to perform tasks. We will ask you to confirm the truthfulness of your answers under penalty of perjury and we will record your responses. You should be aware that you can be held legally responsible for giving us false information."

Obtain Proper Applicant's Affirmation of Intent to sign the SSA-827 and Understanding of Penalty Clause

- "Do you understand that the SSA-827 that you have read and agreed to sign will be used to request all of your medical records and other information related to your ability to perform tasks?"
- "Do you declare under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge?"

Does the individual agree to the above questions and to authorize disclosure? Yes No Not yet answered

Reason for decline:

- Print SSA-827 Medical Release Form
- Print SSA-827 Medical Release Form with Associated Barcode

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EDCS - Decline

EDCS 220 33 0085 Martin Howard Arthur Windows Internet Explorer

Select Form(s) | Add Source | Check Ldts | Transfer | Print Forms | Create Barcode | Claims Actions | eForms | Help | Close Case | Logt

U2f eAuthorization AH: 12345-6789 OSI: N CLF: NYA [Open in eView](#) [Show Instructions](#)

827 eAuthorization

Status

Date recorded to eFolder:	Method:
Interview	
Interview type:	<input type="radio"/> In Office <input checked="" type="radio"/> Telephone <input type="radio"/> Not yet answered

Attestation Script

"We will ask you to acknowledge that you have read the SSA-U2f (Authorization to Disclose Information to the Social Security Administration), and confirm your intent to sign this form. It will be used to request all of your medical records and other information related to your ability to perform tasks. We will ask you to confirm the truthfulness of your answers under penalty of perjury and we will record your responses. You should be aware that you can be held legally responsible for giving us false information."

Obtain Proper Applicant's Affirmation of Intent to sign the SSA-U2f and Understanding of Penalty Clause

- "Do you understand that the SSA-U2f that you have read and agreed to sign will be used to request all of your medical records and other information related to your ability to perform tasks?"
- "Do you declare under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge?"

Does the individual agree to the above questions and to authorize disclosure? Yes No Not yet answered

Reason for decline:

Print SSA-U2f Medical Release Form
 Print SSA-U2f Medical Release Form with Associated Barcode

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EDCS - Decline Options

EDCA 827 eAuthorization AN: 123-45-6789 DSI: N CFF: NYA

Select Form(s) Add Source Check Edit Transfer Print Form Create Barcode Claims Actions eForms Help Close Case

827 eAuthorization

Status

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Interview

Interview type: In Office Telephone Not yet answered

Attestation Script

We will ask you to acknowledge that you have read the SSA-827 (Authorization to Disclose Information to the Social Security Administration) and confirm your intent to sign this form. It will be used to request all of your medical records and other information needed to your ability to perform tasks. We will ask you to confirm the truthfulness of your answers under penalty of perjury and we will record your responses. You should be aware that you can be held legally responsible for giving us false information.

Obtain Proper Applicant's Affirmation of Intent to sign the SSA 827 and Understanding of Penalty Clause

* Do you understand that the SSA-827 that you have read and agreed to sign will be used to request all of your medical records and other information related to your ability to perform tasks?

* Do you declare under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge?

Does the individual agree to the above questions and to authorize disclosure? Yes No Not yet answered

Reason for decline:

- Print SSA-827 Media Web-signature preferred
- Print SSA-827 Media Reason: SSA-827
- Print SSA-827 Media Refused to sign
- Print SSA-827 Media Provided evidence
- Print SSA-827 Media Other

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