

## GSO Website Registration Form

Complete the following information to obtain access to GSO services. SSA Sponsors should email the completed form to [UIT.eData.Mailbox@ssa.gov](mailto:UIT.eData.Mailbox@ssa.gov). Each new user will receive an email containing the Username, and a phone call to provide the password.

Please **tab** from field to field.

GSO USER - CONTACT INFORMATION		
Name: <input style="width: 90%;" type="text"/>		
Organization Name: <input style="width: 90%;" type="text"/>		
Organization ID or RID: <input style="width: 90%;" type="text"/>		
Street Address (Line 1): <input style="width: 90%;" type="text"/>		
Street Address (Line 2): <input style="width: 90%;" type="text"/>		
City: <input style="width: 20%;" type="text"/>	State: <input style="width: 20%;" type="text"/>	Zip Code: <input style="width: 20%;" type="text"/>
Email Address: <input style="width: 90%;" type="text"/>		
Phone (Include area code): <input style="width: 90%;" type="text"/>		
For SSA internal users only:		
Select user type: <input style="width: 80%;" type="text" value="Select One"/>		
<b>SELECT UTILITIES THE NEW USER WILL NEED TO ACCESS:</b>		
<input style="width: 90%;" type="text" value="Select Utilities"/>		
<input style="width: 90%;" type="text" value="Select Utilities"/>		
<input style="width: 90%;" type="text" value="Select Utilities"/>		
<input style="width: 90%;" type="text" value="Select Utilities"/>		
<input style="width: 90%;" type="text"/>		

SSA SPONSOR VERIFICATION (FOR COMPLETION BY SPONSOR ONLY):		
Sponsor Name: <input style="width: 60%;" type="text"/>	Phone: <input style="width: 30%;" type="text"/> <small>(Include area code)</small>	
Sponsor Organization (Office/Division/Branch): <input style="width: 90%;" type="text"/>		
Sponsor Email address: <input style="width: 90%;" type="text"/>		
Sponsor Comments: <input style="width: 90%;" type="text"/>		
<b>FOR DATA EXCHANGE, SHELTERED WORKSHOP, AND SECURE MESSAGING ONLY: list all Trading partners with whom the user will exchange data.</b>		
Name	User ID	Organization/State
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
For UIT use only. <input style="width: 90%;" type="text"/>		

**Paperwork Reduction Act Notice:** 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 15 minutes to read the instructions, gather the facts, and answer the questions. 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.

See Revised Paperwork Reduction Act

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

**Privacy Act Statement**

**Collection and Use of Personal Information**

Section 205(a), of the Social Security Act, as amended, 5 U.S.C. 552a(e)(10), and the Government Paperwork Elimination Act, authorize us to collect this information. We will use the information you provide to determine eligibility to access Government Services Online (GSO).

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from granting access to GSO.

We rarely use the information you supply for any purpose other than for determining eligibility for access. 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 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);
2. To facilitate investigative and audit activities necessary to assure the integrity 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.

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

**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 15 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

## **Privacy Act Statement Collection and Use of Personal Information**

Section 205(a), of the Social Security Act, as amended, and the Government Paperwork Elimination Act, authorize us to collect this information. We will use the information you provide to determine eligibility to access Government Services Online (GSO).

The information you furnish on this form is voluntary. However, failing to provide the requested information may prevent us from granting access to GSO.

We rarely use the information you supply for any purpose other than for determining eligibility for access. However, we may use it for the administration and integrity of our programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, including, but are not limited to the following:

1. 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);
2. To facilitate statistical research, audit, and investigatory activities necessary to assure the integrity of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

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. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect 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.