# HOW TO REQUEST SSA PROGRAM DATA FOR RESEARCH

To request SSA program data for research, you must complete and sign the application below.  We require that you provide us with both a printed version and an electronic version of the completed application and other documentation to support your case for approval.

1.  Send the printed version of the completed application and support documentation to the Associate Commissioner for Research, Evaluation, and Statistics (ORES) so that we may evaluate our ability to authorize your use of the data for your research project.  Address the envelope to:

    Office of Research, Evaluation,
      and Statistics (ORES)
    Office of Policy
    Social Security Administration
    Attn: Division of Earnings Statistics and Analysis
    4-C-15 Operations/ c/o 4th Floor Meadows East Building
    6401 Security Boulevard
    Baltimore, Maryland  21235;

    AND

2.  Email the completed application and support documentation electronically to Ores.research.requests@ssa.gov.

**NOTE:**  Generally, we can provide only aggregations, tabulations and/or statistical outputs of SSA program data to qualified researchers.  In rare instances, we release micro data, i.e. individual data records with or without identifiers, to state and federal agencies or their contractors/grantees.  These data records may be used for research and statistical purposes only.  You may not use the records for programmatic or enforcement purposes.  Requestors of micro data **must** complete questions 9 through 14.

If you wish administrative data for specific individuals, we will require you to submit an input file of the subjects.  This input file must include the following information for each subject: Social security number (SSN), full name, date of birth, and sex.  To insure that we do not give out inaccurate information, we use the full name, date of birth, and sex information to validate each SSN.  In turn, we provide information ONLY for those records that pass validation.  We do not provide information on non-validated SSNs, e.g. a name that does not match the SSN or the SSN is alphanumeric.

(1)     Your name, agency/organization, address, and phone number and the name, organization, address, and phone number of the organization that will be receiving the data (if different);

(2)     A description of your project, its purpose, and the intended outcome (that is, a dissertation, research for publication, fulfillment of a grant or contract and the grant/contract sponsor, etc.).  Please note that you may not use SSA micro data files for non-research purposes;

(3)     A description of the way in which this project will further SSA's mission to promote the economic security of the nation's people through its administration of the Old Age and Survivors Insurance Program, the Disability Insurance Program, and/or the Supplemental Security Income Program;

(4)     A description of the types of data needed (that is, indication of receipt of benefits, age, gender, average earnings, etc.).  If you are requesting certain variables, please list these as well as the number of cases in your study;

(5)     Indicate the form of data needed to accomplish the purposes of your study. Options include tabulations, statistical outputs, micro data from SSA's program records for individuals, and SSA data for individuals that have been linked to other sources of data.  (Reminder: We normally release information in the form of aggregates or individual data that cannot be associated with an individual, and only in rare instances do we release micro data);

(6)     If data are needed for a particular cohort of individuals, describe the information you have on these individuals (for example, social security numbers, names, and dates of birth);

(7)     An indication of the time frame within which you need the data;

(8)     The Employer Identification Number (EIN) of your organization or the institution supporting the research (and the Dun & Bradstreet Universal Numbering System (DUNS) Number and Agency Locator Code (ALC) if you represent a federal agency) and the specific person who will sign agreements to reimburse SSA for expenses incurred in supplying the data;

**For those requesting micro data:**

(9)     A description of other sources of data to which you will be linking SSA data (if applicable);

(10)   Plans to publish or release the research results including whether any supporting documentation will be made available in identifiable form;

(11)   A list of all persons that will have access to identifiable data.  In addition to the staff of the requesting organization, include any "other party" receiving (or having contractual or other rights to) any identifying information provided by SSA. "Other parties" would include consultants, collaborators, contractors, subcontractors, and sponsoring or participating agencies or organizations. Persons of the requesting organization must sign the enclosed "Confidentiality Agreement."  "Other parties" must sign the enclosed "Conditions of Use Agreement";

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(12)    Your completed "SSA Data Protection Plan" (see enclosed "Guidance for Preparing an SSA Data Protection Plan") detailing the procedures and computer configuration to ensure the confidentiality of the data supplied by SSA;

(13)    Length of time you need to retain the data in identifiable form and the location where the data will be housed.

(14)    Planned final disposition of the SSA data to include the date when the data will be destroyed.

**Requestor's Signature**_____ **Date**_____

This information will be forwarded to the Data Request Review Panel.  The Review Panel will address issues such as SSA's legal authorization to release the data to you, the types and format of the data to be released, and reimbursement issues.

**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 4 hours to read the instructions, gather the facts, and answer the questions.

If you have *comments on our time estimate please send them to: SSA, 6400 Security Blvd. Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.*