

# Disability Appeal

About You

Medical History

Review and Send

Name: **John Public**  
SSN: **xxx-xx-0533**



## Review and send: medical release form

In order to make a decision about your disability appeal, we need to obtain your:

- Medical records
- Education records
- Other information related to your ability to perform tasks

We will help get your records if you give us permission. Signing the Medical Release Form (Authorization to Disclose Information to the Social Security Administration) is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits.

Read the [Medical Release Form](#) and make a selection below.

**I voluntarily authorize and request disclosure of all my medical records; also education records and other information related to my ability to perform tasks.**

- I agree to **electronically sign** the Medical Release Form and submit it with my completed Disability Appeal. My electronic signature is the same as my handwritten signature. (Recommended)
- I agree to **print, sign and mail a paper copy** of the Medical Release Form after submitting my completed Disability Appeal. I understand this may delay the processing of my disability claim.

Sign Off (finish later)

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## Disability Appeal



### Review and send: medical release form

After submitting your completed appeal, you will be asked to:

- Print a paper copy of the Medical Release Form
- Sign the Medical Release Form
- Send the Medical Release Form to Social Security

** By not electronically signing the Medical Release Form, you may delay processing of your disability appeal.**

To electronically sign the Medical Release Form, select "Previous" to go back.

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# Disability Appeal

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Name: **John Public**  
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## Review and send: submit this appeal

When you are ready, use "Submit" to complete your appeal and Medical Release Form (Authorization to Disclose Information to the Social Security Administration).

If you need to make changes, select "Previous" to go back.

### When you select "Submit":

- You submit your appeal and Medical Release Form
- Your name and the date appear in the signature box of the Medical Release Form
- You can print your appeal receipt and Medical Release Form

**IMPORTANT: You will NOT be able to come back to this appeal once you select "Submit."**

Sign Off (finish later)

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Submit

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# Disability Appeal

Name: **John Public**  
SSN: **xxx-xx-0533**



## Confirmation and printing

Thank you. You have submitted your disability appeal online and electronically signed your Medical Release Form.

We will request your medical evidence directly from your providers. If you have additional medical evidence in your possession, you can send it to us. Print this [Cover sheet](#) and send it with your evidence to any Social Security office.

**Please print for your records:**

- [Receipt for your disability appeal report](#)
- [Copy of your electronically signed Medical Release Form](#)

If you cannot print your electronically signed Medical Release Form, you can contact us and request a copy.

Finish

Name: **John Public**  
SSN: **xxx-xx-0533**



## Confirmation and printing

Thank you. Although you have submitted your disability appeal online, we still need a few items from you.

**Please print and complete the following:**

1. [Cover sheet](#)
2. [Form SSA-1696 \(Appointment of Representative\)](#)
3. [Form HA-4608 \(Waiver of Your Right to Personal Appearance Before an ALJ\)](#)

Mail your cover sheet and completed form(s) to any Social Security Office.

**Please print for your records:**

- [Receipt for your disability appeal report](#)
- [Copy of your electronically signed Medical Release Form](#)



**If you are unable to print:**

Some forms require Adobe Reader. If you do not already have this free software, refer to our page on [downloading and printing PDF documents](#).

If you still cannot print, you can [contact us](#) and tell us you need the following:

- Form SSA-827 (Medical Release Form)
- Form SSA-1696 (Appointment of Representative)
- Form HA-4608 (Waiver of Your Right to Personal Appearance Before an ALJ)

You can also try printing these forms later. Go to [www.socialsecurity.gov](http://www.socialsecurity.gov) and enter the form number (i.e., 827) in the search box.

Finish



## Receipt for disability appeal report

Please print or save this page for your records.

Thank you. We received your disability appeal report and Medical Release Form (Authorization to Disclose Information to the Social Security Administration) on **August 22, 2011 at 1:51:32 pm Eastern Time**. We will process it at your local Social Security Office.

### What to expect:

- While we are processing your appeal, we may contact you for more information or to set up an interview. We may ask you to fill out additional forms.
- If we need more medical evidence, we may ask you to see a doctor for a special examination. We will pay for this.
- If you have medical records that you have not given to us before, mail or bring them to your local Social Security Office.
- Please contact Social Security, immediately, if you:
  - Go to a new doctor
  - Have a new medical test done
  - Have a change in your condition
  - Go to work
  - Change your address or phone number

If you need to contact Social Security, you can:

- Call our toll-free number, **1-800-772-1213** ("TTY" number, **1-800-325-0778**). Representatives are available Monday through Friday from 7 a.m. to 7 p.m.
- Contact your local Social Security Office.

Close this window to return to the appeal process.

# Disability Appeal

Name: **John Public**  
SSN: **xxx-xx-0533**



## Cover sheet

**John Public's address is:**

555 Main Street  
Baltimore, MD 21067

**John Public's daytime phone number is:**

(410) 555-1212

**Name and address of someone else Social Security can contact who knows about John Public's condition and can help with his or her appeal:**

June Public  
555 Main Street  
Baltimore, MD 21067

**I have attached the following items (check all that apply):**

- Form HA-4608 (Waiver of Right to Personal Appearance)
- Form SSA-1696 (Appointment of Representative)
- Form SSA-3881 (Questionnaire for Children Claiming SSI Benefits)
- Other medical evidence
- Other (Please list below.)

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Name of person completing this disability report: John Public

Date: August 1, 2011

Close this window to return to the appeal process.