

# Medical Release Form 827 Pages – Internet Appeals

Individuals are directed to PDF versions of other SSA forms that may be needed in the appeals process (i.e., SSA-1696 and SSA-827). They are also instructed to print, sign, date and return the PDF forms to the local SSA office. First party applicants are given an option to electronically sign or Print, Sign and Mail the SSA-827 to their local SSA office. The address of the local office is provided, based on the claimant's zip code. Third party users do not have the option to electronically sign the SSA-827.


## Review and send:Medical Release Form

Social Security Online  
www.socialsecurity.gov

Disability Appeal

About You Medical History **Review and Send**

Name: **John G Public**  
SSN: **xxx-xx-0092**

 **Review and send: Medical Release Form**

In order to make a decision about your disability claim, 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) Previous Next

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Done Trusted sites | Protected Mode: Off 100%

Name: **John G Public**  
SSN: xxx-xx-0092



## 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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