



General Request for Social Security Records

Form OPD Internet Request
Form Approved: OMB No. 0960-0716
Expiration Date: 03/31/2012

[News](#)

Do not use this form to request a photocopy or a computer extract of a Social Security Number application. Please use [Form SSA-711](#).

Do not use this form to request birth or death certificates. The Social Security Administration does not typically maintain these types of documents.

Do not use this form to request missing person information, letter forwarding or earnings information. Please send these requests to:

Social Security Administration
OEO FOIA Workgroup
300 N. Greene Street
P.O. Box 33022
Baltimore, Maryland 21190-3022

* Indicates required information

Describe the Type of Information You are Requesting

There is a maximum of 2000 characters allowed:

A large, empty text input field with a vertical scrollbar on the right side and a horizontal scrollbar at the bottom. The field is currently empty.

Characters remaining: 2000

Requester's Information

Name

*First Middle *Last

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address

*Street Address 1

Street Address 2

*City *State *Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
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Telephone

Fax

E-mail

Cancel	Submit
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Electronic Freedom of Information Act

<http://www.socialsecurity.gov/>



PAPERWORK/PRIVACY ACT STATEMENT

PAPERWORK REDUCTION ACT STATEMENT: This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 7 minutes to read the instructions, gather the necessary 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.**

PRIVACY ACT STATEMENT: The Social Security Administration (SSA) has the authority to collect the information requested on this form under 5 U.S.C. § 552 and the applicable regulations at 20 CFR § 402.130. The information you provide will be used to respond to your request for information or records maintained by SSA. You do not have to give us this information. However, without the information we will be unable to respond to your request.

Although the information we obtain with this form is almost never used for any purpose other than the one stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose to a Congressional office requesting information on your behalf; to the Department of Justice (DOJ) for use in representing the Federal Government; and to the General Services Administration and the National Archives and Records Administration to conduct studies. Disclosure of any information defined as "returns or return information" under 26 U.S.C. § 6103 of the IRC will not be disclosed unless authorized by a statute, the IRS, or IRS regulations.

Explanations about these and other reasons why information you provide may be used or given out are available in Social Security offices. If you want to learn more about this, you may contact any Social Security office.

USA.gov

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