PERSON AVAILABLE TO PROVIDE RESPONSE (Y/N): X

AUTHORIZATION FOR DISCLOSURE OF PERSONAL INFORMATION TO SSA (Y/N): X

NAME OF PERSON PROVIDING RESPONSE:
   XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXX

RELATIONSHIP OF PERSON PROVIDING RESPONSE: 9   1=SELF
                                                2=PARENT OF MINOR CHILD
                                                3=LEGAL GUARDIAN

DATE RESPONSE PROVIDED (MMDDYY): 999999

ADD AUTHORIZATION RESPONSE (Y): X   REMARKS (Y): X