

MSSICS PERSONAL INFORMATION AUTHORIZATION
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APIA
TRANSFER TO: XXXX

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

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

NAME OF PERSON PROVIDING RESPONSE:

XX

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