First Party:

Social Security
The Official Website of the U.S. Social Security Administration

Disability Appeal

✅ Identification   ✅ Medical   ✅ Activities/Training   ⚠️ Review

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 required records with permission. Signing the Medical Release Form (Authorization to Disclose Information to the Social Security Administration [SSA-827]) is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on the claim, and could result in denial or loss of benefits.

Please read the Medical Release Form and make a selection below.

> **I voluntarily authorize and request disclosure of all my medical records; also educational records and other information related to my ability to perform tasks. I agree to:**
> ○ **Electronically sign** the Medical Release. My electronic signature is the same as my handwritten signature. (Recommended)
> ○ **Print, sign and mail a paper copy** of the Medical Release Form. I understand this may delay the processing of my disability claim.

In this section...
- ✅ Remarks
- **Medical Release**
- ⚠️ Summary

[Next]   [Previous]   [Save & Exit]

Third Party (with claimant present):

Social Security
The Official Website of the U.S. Social Security Administration

Disability Appeal

✓ Identification ✓ Medical ✓ Activities/Training ⚠ Review

Medical Release Form for John Public

In order to make a decision about this disability claim, we need to obtain John Public's:

- Medical Records
- Education Records
- Other information related to his ability to perform tasks

We will help get required records with permission. Signing the Medical Release Form (Authorization to Disclose Information to the Social Security Administration [SSA-827]) is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on the claim, and could result in denial or loss of benefits.

Is John Public with you and can he read Medical Release Form now?

◉ Yes ○ No

Please ask John Public to read the Medical Release Form and make a selection below.

I voluntarily authorize and request disclosure of all my medical records; also educational records and other information related to my ability to perform tasks. I agree to:
○ **Electronically sign** the Medical Release. My electronic signature is the same as my handwritten signature. (Recommended)
○ **Print, sign and mail a paper copy** of the Medical Release Form. I understand this may delay the processing of my disability claim.

In this section...

✓ Remarks

Medical Release

⚠ Summary

[Next] [Previous] [Save & Exit]

Third Party (with**out** claimant present):

Social Security
The Official Website of the U.S. Social Security Administration

Disability Appeal

✓ Identification   ✓ Medical   ✓ Activities/Training   ⚠ Review

Medical Release Form for John Public

In order to make a decision about this disability claim, we need to obtain John Public's:

- Medical Records
- Education Records
- Other information related to his ability to perform tasks

We will help get required records with permission. Signing the Medical Release Form (Authorization to Disclose Information to the Social Security Administration [SSA-827]) is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on the claim, and could result in denial or loss of benefits.

Is John Public with you and can he read Medical Release Form now?

○ Yes   ● No

⚠ **After submitting the appeal, you will:**

- Be presented with a link to the Medical Release Form.
- Print the Medical Release Form and have John Public sign it.
- Mail the signed paper copy.

In this section...

✓ Remarks

Medical Release

⚠ Summary

[Next]   [Previous]   [Save & Exit]