

Personal Information Authorization

Optional authorization allowing third parties to release non-medical, non-financial institution information to SSA

* Indicates required information

* **Person available to provide response** [More Info](#)

Yes

No

[^ Hide person remarks](#)

Person remarks (Printed):

(1000 characters maximum)

Characters remaining: 1000

No remarks

[^ Hide file documentation notes](#)

File documentation notes:

(1000 characters maximum)

Characters remaining: 1000

No notes

[Undo Changes](#)

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* Indicates required information

* **Person available to provide response** [More Info](#)

Yes No

* **Authorization History**

At least one row is required

Authorization for Disclosure	Name of Person Providing Response	Relationship	Date Response Provided (mm/dd/yyyy)	Actions
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[Add Authorization Response](#)

[^ Hide person remarks](#)

Person remarks (Printed):

(1000 characters maximum)

Characters remaining: 1000

No remarks

[^ Hide file documentation notes](#)

File documentation notes:

(1000 characters maximum)

Characters remaining: 1000

No notes

[Undo Changes](#)

Authorization Response

* Indicates required information

*** Relationship of person providing response**

 

*** Name of person providing response**

* First

Middle

* Last

Suffix

*** Authorization for disclosure of personal information to SSA**

 Yes No

*** Date response provided**

mm/dd/yyyy