

## GSO Website Registration Form

Complete the following information to obtain access to GSO services. SSA sponsors should email the completed form to [UIT.eData.Mailbox@ssa.gov](mailto:UIT.eData.Mailbox@ssa.gov). Each new user will receive an email containing the user name, and a phone call to provide the password.

Please **tab** from field to field.

### GSO USER - CONTACT INFORMATION

Name:	Street Address:	
Organization Name:	City:	State:
Organization ID or RID:	Zip Code:	
Phone (include area code):	Email Address:	

#### For SSA internal users only:

Select user type:  Individual User(s)  Organizational Shared Account

#### SELECT UTILITIES THE NEW USER WILL NEED TO ACCESS

- B - Birth  BL - Black Lung  DE - Data Exchange  
 D - Death  FF - Fugitive Felon  PR - Prisons  
 DDE - Totalization Death Data Exchange  OCSE - OCSE Reporting  SM - Secure Messaging  
 IAR - Interim Assistance Reimbursement  SW - Sheltered Workshop  
 Other - Specify Utility in Sponsor Comments

#### SSA SPONSOR VERIFICATION (FOR COMPLETION BY SPONSORS ONLY):

Sponsor Name:

Sponsor Organization (Office/Division/Branch):

Phone (include area code):

Sponsor Email Address:

Sponsor Comments:

#### FOR DATA EXCHANGE SHELTERED WORKSHOP, AND SECURE MESSAGING ONLY: List all trading partners with whom the user will exchange data. For UIT use only.

Name	User ID	Organization/State

**Privacy Act Statement**  
**Collection and Use of Personal Information**

Section 205(a), of the Social Security Act, as amended, 5 U.S.C. 552a(e)(10), and the Government Paperwork Elimination Act, authorize us to collect this information. We will use the information you provide to determine eligibility to access Government Services Online (GSO).

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from granting access to GSO.

We rarely use the information you supply for any purpose other than for determining eligibility for access. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
2. To facilitate investigative and audit activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.