

# SSA-827 eAuthorization

## EDCS Version 32.0

SSA-827 eAuthorization - AN:000-00-0000 CEF: NYA

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### SSA-827 eAuthorization

#### Interview

Interview Type:  In Office  Telephone

#### Attestation Script

We will ask you to acknowledge that you have read the SSA-827 (Authorization to disclose Information to the Social Security Administration), and confirm your intent to sign this form. It will be used to request all your medical records and other information related to your ability to perform tasks."

#### Obtain Claimant's Affirmation of Intent to sign the SSA-827

- "Do you understand that the SSA-827 that you have read will be used to request all of your medical records and other information related to your ability to perform tasks?"
- "Do you agree to authorize disclosure of your information to Social Security?"

Does the individual agree to the above questions and to authorize disclosure?

Yes  No  Not yet answered

\*Reason for Decline:

- Print SSA-827 Medical Release Form  
 Print SSA-827 Medical Release Form with Associated Barcode

**"No" Option Selected for Adult claimant**

**SSA-827 eAuthorization****Interview**Interview Type:  In Office  Telephone**Attestation Script**

Here is a printed copy of the SSA-827 for your review. We will ask you to acknowledge that you have read the SSA-827 (Authorization to disclose Information to the Social Security Administration), and confirm your intent to sign this form. It will be used to request all your medical records and other information related to your ability to perform tasks."

**Obtain Claimant's Affirmation of Intent to sign the SSA-827**

- "Do you understand that the SSA-827 that you have read will be used to request all of your medical records and other information related to your ability to perform tasks?"
- "Do you agree to authorize disclosure of your information to Social Security?"

**Does the individual agree to the above questions and to authorize disclosure?** Yes  No  Not yet answered

I attest to the individual's intent to authorize disclosure.

 

**“Yes” option selected for Adult claimant**

### SSA-827 eAuthorization

#### Interview

Interview Type:  In Office  Telephone

#### Individual authorized to sign SSA-827

- Jami Erin Denne
- Beverly Patterson
- Add Name
- Not Yet Answered

**Initial screen for Child claimant**

### SSA-827 eAuthorization

#### Interview

Interview Type:  In Office  Telephone

#### Individual authorized to sign SSA-827

- Jami Erin Denne
- Beverly Patterson
- Add Name
- Not Yet Answered

#### Attestation Script

Here is a printed copy of the SSA-827 for your review. We will ask you to acknowledge that you have read the SSA-827 (Authorization to Disclose Information to the Social Security Administration), and confirm your intent to sign this form. It will be used to request all of your medical records and other information related to your ability to perform tasks.

#### Obtain Claimant's Affirmation of Intent to sign the SSA-827

- Do you understand that the SSA-827 that you have read will be used to request all of your medical records and other information related to your ability to perform tasks?
- Do you agree to authorize disclosure of your information to Social Security?

Does the individual agree to the above questions and to authorize disclosure?

- Yes  No  Not yet answered

**Child Claimants signing on own behalf**

**SSA-827 eAuthorization****Interview**Interview Type:  In Office  Telephone**Individual authorized to sign SSA-827**

- Jami Erin Denne  
 Beverly Patterson  
 Add Name  
 Not Yet Answered

\*This person is less than 12 years old. Do you want this person to sign the SSA-827?  Yes  No  Not yet answered

**Attestation Script**

Here is a printed copy of the SSA-827 for your review. We will ask you to acknowledge that you have read the SSA-827 (Authorization to Disclose Information to the Social Security Administration), and confirm your intent to sign this form. It will be used to request all of your medical records and other information related to your ability to perform tasks.

**Obtain Claimant's Affirmation of Intent to sign the SSA-827**

- Do you understand that the SSA-827 that you have read will be used to request all of your medical records and other information related to your ability to perform tasks?
- Do you agree to authorize disclosure of your information to Social Security?

Does the individual agree to the above questions and to authorize disclosure?

- Yes  No  Not yet answered

**Child Claimants signing on own behalf and less than 12 years old.**

**SSA-827 eAuthorization****Interview**Interview Type:  In Office  Telephone**Individual authorized to sign SSA-827**

- Jami Erin Denne  
 Beverly Patterson  
 Add Name  
 Not Yet Answered

**Basis for authority to sign**

- Parent of minor  
 Guardian  
 Other Personal Representative  "Examples: Aunt, GrandParent, Case Worker"  
 Not Yet Answered

**Attestation Script**

"Here is a printed copy of the SSA-827 for your review. We will ask you to acknowledge that you have read the SSA-827 (Authorization to disclose Information to the Social Security Administration), and confirm your intent to sign this form. It will be used to request all of your medical records and other information related to your ability to perform tasks."

**Obtain Claimant's Affirmation of Intent to sign the SSA-827**

- "Do you understand that the SSA-827 that you have read will be used to request all of your medical records and other information related to your ability to perform tasks?"
- "Do you agree to authorize disclosure of your information to Social Security?"

Does the individual agree to the above questions and to authorize disclosure?

- Yes  No  Not yet answered

**Third-Party (who was already enter into EDCS) signing for Child Claimants**

**SSA-827 eAuthorization****Interview**Interview Type:  In Office  Telephone**Individual authorized to sign SSA-827**

- Jami Erin Denne  
 Beverly Patterson  
 Add Name  
 Not Yet Answered

**Basis for authority to sign**

- Parent of minor  
 Guardian  
 Other Personal Representative  
 Not Yet Answered

\*First name:  Middle name:  \*Last name:  Suffix:

**Address Information**Address is:  U.S.  Foreign

Street address line 1:   
Street address line 2:   
Street address line 3:   
Street address line 4:

City:  State:  ZIP Code: **Telephone Information**Telephone number is:  U.S.  Foreign  NoneDaytime telephone number: (999-999-9999)  Ext: **Attestation Script**

"Here is a printed copy of the SSA-827 for your review. We will ask you to acknowledge that you have read the SSA-827 (Authorization to disclose Information to the Social Security Administration), and confirm your intent to sign this form. It will be used to request all of your medical records and other information related to your ability to perform tasks."

**Obtain Claimant's Affirmation of Intent to sign the SSA-827**

- "Do you understand that the SSA-827 that you have read will be used to request all of your medical records and other information related to your ability to perform tasks?"
- "Do you agree to authorize disclosure of your information to Social Security?"

Does the individual agree to the above questions and to authorize disclosure?

Yes  No  Not yet answered

**Third-Party (Adding new person) signing for Child Claimants**