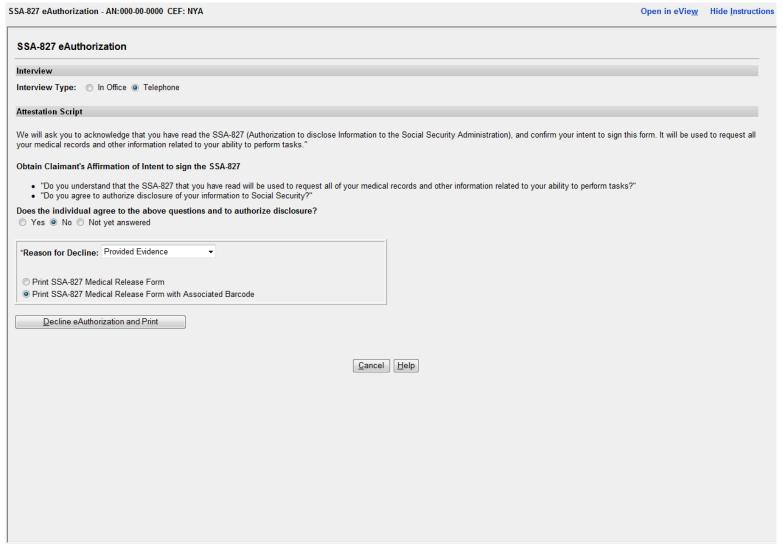
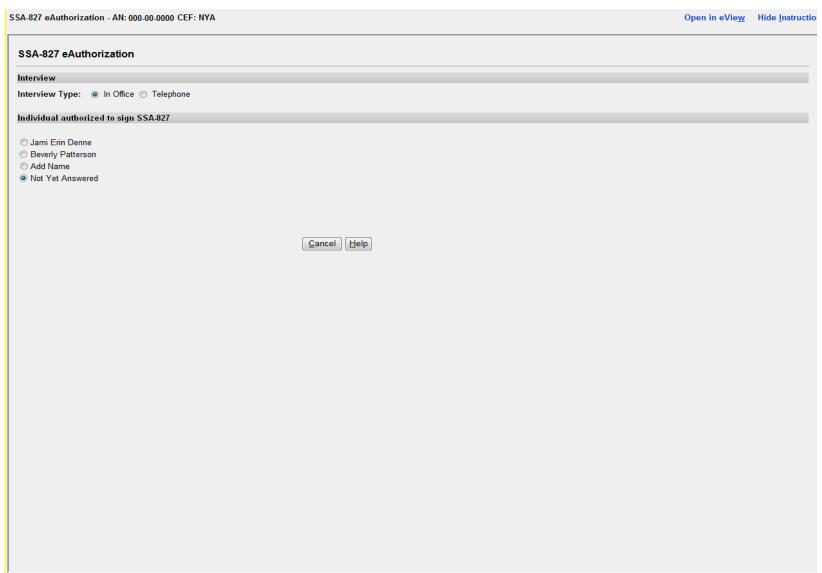
SSA-827 eAuthorization

EDCS Version 32.0



"No" Option Selected for Adult claimant

"Yes" option selected for Adult claimant



Initial screen for Child claimant

SSA-62/ eAuthorization - AN: 000-00-0000 CEF: NTA	Open in evie <u>w</u> Hide <u>i</u> nstructi
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 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.	Social Security Administration), and confirm
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 perf Do you agree to authorize disclosure of your information to Social Security? 	form tasks?
Does the individual agree to the above questions and to authorize disclosure? ○ Yes ○ No ⑥ Not yet answered	
<u>Cancel</u> <u>H</u> elp	

Child Claimants signing on own behalf

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

SSA-827 eAuthorization - AN:000-00-0000 CEF: NYA	Open in eVie <u>w</u> Hide <u>I</u> nst	ructi
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"		
O 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 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 to		1
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 "Do you agree to authorize disclosure of your information to Social Security?" 	related to your ability to perform tasks?"	
Does the individual agree to the above questions and to authorize disclosure? ○ Yes ○ No ③ Not yet answered		
<u>Cancel</u> <u>H</u> elp		

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