

## 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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\* **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