

## GSO Website Account Modification/Deletion Form

Sponsors should complete this form to request modification or deletion of a GSO web site user account. SSA sponsors should email the completed form to [UIT.eData.Mailbox@ssa.gov](mailto:UIT.eData.Mailbox@ssa.gov). Sponsors will receive email notification when the request has been processed.

Please **tab** from field to field.

### REQUEST INFORMATION

Date of Request: \_\_\_\_\_

Type of Request:  Account Modification  Account Deletion

(Note: Deletion requests for organizational shared accounts will delete the entire account where no one on that account will have access to the website.)

User ID to be changed: \_\_\_\_\_

Explanation: \_\_\_\_\_

### MODIFICATION REQUEST

Select the utilities to which the user will need access:

(Select all that apply to this user)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> B - Birth                              | <input type="checkbox"/> BL - Black Lung         | <input type="checkbox"/> DE - Data Exchange    |
| <input type="checkbox"/> D - Death                              | <input type="checkbox"/> FF - Fugitive Felon     | <input type="checkbox"/> PR - Prisons          |
| <input type="checkbox"/> DDE - Totalization Death Data Exchange | <input type="checkbox"/> OCSE - OCSE Reporting   | <input type="checkbox"/> SM - Secure Messaging |
| <input type="checkbox"/> IAR - Interim Assistance Reimbursement | <input type="checkbox"/> SW - Sheltered Workshop |  |
| <input type="checkbox"/> Other - Specify Utility in Comments    |  |  |

Comments: \_\_\_\_\_

### USER ACCOUNT INFORMATION

User Name: \_\_\_\_\_

Select User Type:  Individual User  Organizational Shared Account

Organization Name: \_\_\_\_\_

Organization ID or RID: \_\_\_\_\_

Email Address: \_\_\_\_\_

### SPONSOR INFORMATION

Sponsor Name: \_\_\_\_\_

Phone (Include area code): \_\_\_\_\_

Office: \_\_\_\_\_

Email: \_\_\_\_\_

**ACCOUNT STATUS - For completion by UIT**

Status: <input type="checkbox"/> Request Submitted <input type="checkbox"/> Request Processed	Completion Date:
Processed by:	Phone (include area code):
Comments:	

**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 is required by 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.~~

See Revised  
Privacy Act  
Statement