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**.** 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

The Social Security Act and the Paperwork Reduction 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 or at your local Social Security office.

See Revised Paperwork Reduction Act Statement

Paperwork Reduction Act Statement - This information ~~collection meets the~~ requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperw~~ork Reduction Act of~~ 1995. You do not need to answer these questions unless we display a valid Office o~~f 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 OR BRING THE COMPLETED FOR TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.* **Send only comments relating to our time estimate to this address, not the completed form.**