


Upload Document eSignature adjustment

6/15/2023

As noted in our Supporting Statement response, SSA's General Council requires changes to the eSignature language to accommodate situations where a user would be required to sign in multiple locations on the same form (e.g. SSA-632).

Updated eSignature Page

An official website of the United States government [Here's how you know](#)

 Social Security Sign out

Upload Documents

i Electronic submission is only available within 30 days from the request date(s) shown below. Please refer to the paper notice you have or will receive for other important information, including deadlines.

- Prepare and Upload
- Review and Submit**
- Confirmation

Review and Submit

* Indicates required information

Please review the information, including the date and document file name(s), to verify you have uploaded the correct document(s) before signing and submitting. You will not be able to preview your uploaded document(s) prior to submitting.

SSA-3369 Work History Report Form

Document(s) Uploaded Edit

Document Name 1: **SSA-3369 Work History Report.pdf**

Authentication Information

First Name: **John**
Last Name: **Doe**
Social Security Number (SSN): *****-**-9999**
Date of Birth: **01/01/1975**
Address: **626 Hickory Drive, Baltimore MD, 21211**
Phone Number: **410-332-0041**

Electronic Signature

* I reviewed the document name(s) listed above and confirmed that I uploaded the document version(s) I intend to sign. By checking this box, I am certifying that I am the authenticated person named above and I am applying my electronic signature to each signature field in the uploaded document(s) listed above. I agree that my electronic signature has the same meaning, legal effect, and validity as my handwritten signature.

Today's Date
01/22/2023

Submit Previous Back to Requests

Original Version

I reviewed the document name(s) listed above and confirmed that I uploaded the document version(s) I intend to sign. By checking this box, I am certifying that I am the authenticated person named above and I am applying my electronic signature to the uploaded document(s) listed above. I agree that my electronic signature has the same meaning, legal effect, and validity as my handwritten signature.

Proposed revision

I reviewed the document name(s) listed above and confirmed that I uploaded the document version(s) I intend to sign. By checking this box, I am certifying that I am the authenticated person named above and I am applying my electronic signature **to each signature field** in the uploaded document(s) listed above. I agree that my electronic signature has the same meaning, legal effect, and validity as my handwritten signature.