

# OMB Package – Data Exchange Request Form for External Customers

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## Background


This online interface allows external customers to request data from the Social Security Administration (SSA) by completing the Data Exchange Request Form (DXRF), also known as SSA Form 157, through an unsecured webpage. The guided interface streamlines the process by automatically transferring the entered information into a PDF version of the DXRF, which the online tool submits to the agency for further processing. The external user can also download a copy for their records.

To make reviewing this document easier, we have added question numbers to the screenshots that correspond to the SSA-157 form. Form can be accessed directly: [Data Exchange Request Form \(DXRF\) - Request for Information from SSA](#)

## SSA.gov Data Exchange Page

User will get to this screen from the <https://www.ssa.gov/dataexchange/> page.

## Original message

If you are a **Federal Agency** or **Private Entity** interested in entering into a data exchange agreement with SSA for **programmatic or research data**, complete the data exchange request form ([SSA-157](#))  and email it to [SSA.Data.Exchange@ssa.gov](mailto:SSA.Data.Exchange@ssa.gov).

If you are a **State Agency, Local Agency, or Tribal Organization** interested in entering into a data exchange agreement with SSA, refer to [State Agreements](#) for Electronic Data Exchanges with the States.

## Recommended change:

If you are a Federal, State, or Local Agency, Private Entity, or Tribal Organization interested in entering into a data exchange agreement with SSA for programmatic or research data, submit the request using the online [Data Exchange Request Form](#).

## 1. Data Request

 Data Exchange Request Form

### DXRF questions #1 & 2

1. Data Request   2. Security   3. Research/Statistical   4. Additional Comments & Points of Contact   5. Review Form

---

Data Request

Name of organization requesting the data exchange.\*

Indicate what type of organization you are.\*

**Government**

Federal

State & Local

Foreign

Tribal

**Non-Government**

Commercial Entity

Educational Institution

Other (Please specify)

### Display input box if 'Other' selected

**Non-Government**

Commercial Entity

Educational Institution

Other (Please specify)

### #3

Briefly state the purpose for requesting this information and tell us how your organization will use the data.\*

Characters remaining: 500 characters

## #4

What specific information are you requesting from SSA? (Social Security number verification, benefit verification, disability payments, data elements, etc.).\*

Social Security number verification  
 benefit verification  
 disability payments  
 data elements

Explain\*

Characters remaining: 500 characters

## Question changes if 'Foreign' organization type is selected

What specific information are you requesting from SSA? (Social Security number verification, benefit verification, disability payments, data elements, etc.).\*

Foreign requesters can only request date and fact of death.

Date  
 Fact of death

Explain\*

Characters remaining: 500 characters

## #5 & 6

What data elements will you send to support your request (e.g., SSN, name, date of birth), if applicable?\*

SSN  
 Name  
 Date of Birth

Explain\*

Characters remaining: 500 characters

Is your organization currently receiving this information by another means (e.g., paper reports, etc.)?\*

Yes  
 No

## If #6 is 'Yes', display

Is your organization currently receiving this information by another means (e.g., paper reports, etc.)?\*

Yes  
 No

Tell us how your organization identifies and collects this data; be specific.\*

Characters remaining: 500 characters

## #7 & 8

Describe the benefit to your organization of receiving this data.\*

Characters remaining: 500 characters

Is there any benefit to SSA?

Yes  
 No

## If #8 is 'Yes', display

**Is there any benefit to SSA?**

Yes  
 No

**Explain\***

Characters remaining: 500 characters

**If 'Foreign' organization type, display #8 as:**

**Is there any benefit to SSA?**

For foreign requesters – is your organization willing to enter into a reciprocal arrangement with SSA to provide the same information we provide to you?

Yes  
 No

**#9,10,11,12,13**

**What is the impact to your organization if it does not receive this data?\***

Characters remaining: 500 characters

**SSA generally requires that you pay for our services. Are you willing to incur costs?\***

Yes  
 No

**Provide your legal authority allowing the collection of this data from SSA. (Legal authorities may include statutes, regulations, and/or Executive Orders that explicitly require or permit your agency to use SSNs in your program(s) and request them from SSA, or get other data from SSA as authorized by law.) If you are a Federal agency, include information related to applicable Privacy Act systems of records in which you will maintain the requested data.\***

Characters remaining: 700 characters

**List the organization and job functions/titles within the organization(s) that will have access to SSA-provided information.\***

Characters remaining: 500 characters

**Do you plan to share the data with anyone other than those listed in the prior question?\***

Yes  
 No

**If #13 is 'Yes', display**

**Do you plan to share the data with anyone other than those listed in the prior question?\***

Yes  
 No

**List the organization that you will be sharing the data with, job functions/titles, the form (identifiable, aggregate) in which you intend to disclose information, and the authority for a third party disclosure.\***

Characters remaining: 250 characters

**How frequently do you want to receive the data?\***

Daily  
 Weekly  
 Monthly  
 Yearly  
 Other (Explain)

**If #14 is 'Other (Explain)', display**

**How frequently do you want to receive the data?**

Daily  
 Weekly  
 Monthly  
 Quarterly  
 Yearly  
 Other (Explain)

Characters remaining: 150 characters

## #15, 16

**Based on the frequency selected above, provide an estimate of the number of records you will submit for processing.\***

Characters remaining: 500 characters

**How will we exchange the data?\***

Batch  
 Online  
 Both (Explain)  
 Other (Explain)

## If #16 is 'Both (Explain)' or 'Other (Explain)', display

**How will we exchange the data?\***

Batch  
 Online  
 Both (Explain)  
 Other (Explain)

Characters remaining: 100 characters

## #17

**When do you expect this data exchange to begin? (A typical data exchange takes 12 months or more to fully implement.)\***

Characters remaining: 300 characters

[Continue](#)

## 2. Security

## #19

1. Data Request  
  **2. Security**  
  3. State Agency  
  4. Research/Statistical  
  5. Additional Comments & Points of Contact  
  6. Review Form

**Security**

**Does your organization have documented information security policies and procedures to reduce information security risks to an acceptable level in accordance with the Federal Information Security Management Act (FISMA)?\***

Yes  
 No

## #18: \*Question changes to the image below if Federal organization type is selected

**Does your organization have documented information security policies and procedures to safeguard SSA-provided information from unauthorized access and improper disclosure?\***

Yes  
 No

#20

**Will the information SSA provides be stored or processed in an external commercial cloud?\***

Yes

No

**If #20 is 'Yes', display additional questions & 21**

**Will the information SSA provides be stored or processed in an external commercial cloud?\***

Yes

No

**a. What is the name of the Cloud Service Provider (CSP)?\***

Characters remaining: 125 characters

**b. Is the CSP FedRAMP authorized? ([www.fedramp.gov](http://www.fedramp.gov)) \***

Yes

No

**Is the cloud provider contractually required to enforce security policies and procedures that will safeguard the information SSA provides from unauthorized access and improper disclosure?\***

Yes

No

#22 & 23

**Will the information SSA provides be stored off-shore: I.e., in a foreign country?\***

Yes

No

**List any current or previous data exchanges your organization has with SSA (I.e., by SSA agreement number or description).**

Characters remaining: 500 characters

### 3. Stage Agency

**If organization type is 'State & Local' or 'Tribal' display this section**

## #24, 25,28

### Change in #28: we removed “listed in question 25”

1. Data Request ✓ 2. Security ✓ 3. State Agency 4. Research/Statistical 5. Additional Comments & Points of Contact 6. Review Form

State Agency

If your agency already has an existing agreement with SSA to receive SSA data, are there any other programs or purposes for requesting SSA data that you wish to add to the current agreement?\*

Yes  
 No

Name the programs your agency administers for which you are requesting SSA data.\*

Characters remaining: 250 characters

Does your staff take applications or determine eligibility for TANF, Medicaid, or SNAP for any of the programs?\*

Yes  
 No

### If #28 is ‘Yes’, display

Does your staff take applications or determine eligibility for TANF, Medicaid, or SNAP for any of the programs?\*

Yes  
 No

Name the program.\*

Characters remaining: 250 characters

## #26,27,29

Indicate whether the programs are federally-funded (either fully or partially) or state-funded. (If the program is not state funded but locally funded, i.e., at the city or county level, please specify.)\*

Characters remaining: 250 characters

List the benefits or services provided under these programs.\*

Characters remaining: 250 characters

How is the requested SSA data relevant to determining entitlement/eligibility to benefits or services under the programs your agency administers?\*

Characters remaining: 250 characters

Continue

## 4. Research/Statistical

## #30,31,32,33

✓ 1. Data Request ✓ 2. Security ✓ 3. State Agency **4. Research/Statistical** 5. Additional Comments & Points of Contact 6. Review Form

**Research/Statistical**

**Only complete the questions below if your request is for research and statistical purposes only.**

**Indicate if this is a request for a new project within a current agreement.**

Characters remaining: 250 characters

**Indicate the form of data needed to accomplish the purposes of your study. Options include tabulations, statistical outputs, micro data from SSA's program records for individuals, and SSA data for individuals that have been linked to other sources of data.**

**Reminder: We normally release information in the form of tabulations, statistical outputs or individual data that cannot be associated with an individual, and only in rare instances do we release micro data.**

Characters remaining: 250 characters

**Describe other sources of data to which you will be linking SSA data (if applicable).**

Characters remaining: 250 characters

**Describe any plans to publish or release the research results including whether any supporting documentation will be made available in identifiable form.**

Characters remaining: 250 characters

## # 34,35

**Include the length of time you need to retain the data in and the location where the data will be housed.**

Characters remaining: 250 characters

**Include your planned final disposition of the SSA data to include the date when the data will be destroyed.**

Characters remaining: 250 characters

[Continue](#)

## 5. Additional Comments & Points of Contact

**#36, 37, &38: Add Contact button opens the “Add Data Exchange Request Contact” Results of information entered shows up in the screen below.**

**Data Exchange Request Form**

1. Data Request ✓ 2. Security ✓ 3. Research/Statistical **4. Additional Comments & Points of Contact** 5. Review Form

**Additional comments**

**Additional comments:**

Characters remaining: 1000 characters

**Add Contact**

Select 'Add Contact' button to add Approving authority contact information for the person signing the agreement for the agency requesting the data & Requester contact information for the agency

[Add Contact](#)

Last Name	First Name	Title	Phone	Address	Email address	Role	Delete
No Data Found							

[Continue](#)

Select 'Add Contact' button to add Approving authority contact information for the person signing the agreement for the agency requesting the data & Requester contact information for the agency

Add Contact

↕ Last Name	First Name	↕ Title	Phone	Address	↕ Email address	↕ Role	↕ Delete
Shelby	Thomas	Administrative Program Manager	<b>Phone #1</b> (122) 311-1111 <b>Phone #2</b> (132) 111-1111	1123 Baltimore Avenue Social Security Administration Building Pikesville Georgia 12311	ThomasShelby@Bofa.Com	Approving authority contact information for the person signing the agreement for the agency requesting the data	
Cooper	Sheldon	Assistant Professor at CalTech	<b>Phone #1</b> +21 1232111111 <b>Phone #2</b> +110 1211111111	1234 Pasadena Avenue Apartment # 401 Barcelona Scotland 32111	SheldonCooper@Caltech.Com	Requester contact information for the agency	

## Add Contact Button

**Add Data Exchange Request Form Contact** ✕

Foreign Address

Select Role(s)\* This is a Required Field.

Approving authority contact information for the person signing the agreement for the agency requesting the data

Requester contact information for the agency

First Name  Middle Initial

Last Name

Title

Phone #1

Phone #2

Email Address

**Address**

Line 1

Line 2

City/Town  State  Zip/Postal Code

## 6. Review Form

There is no number for this section. This is an addition to giving customers the opportunity to review information they entered and to upload additional supporting information.

Data Exchange Request Form

✓ 1. Data Request   ✓ 2. Security   ✓ 3. State Agency   ✓ 4. Research/Statistical   ✓ 5. Additional Comments & Points of Contact   **6. Review Form**

### Data Exchange Request Form Review

Click on the SSA-157 below to review your response.

If you responded to any question with 'See Attachment', please use the 'Attach Document(s) button to attach document(s).

Attachments

File Name
<a href="#">SSA-157 OrganizationName</a>

[Attach Document\(s\)](#)

If any changes are needed, click on previous steps to modify the information.

Click Submit to send the form to SSA for review.

[Submit](#)

## Confirmation Screen

**There is no number for this screen on the form. This is a confirmation screen.**

✓ You have successfully submitted the Data Exchange Request Form. Click [Print/Download Data Exchange Request Form](#) and print or save a copy for your records.

SSA will contact you once our review is complete or if we have additional questions.

For additional questions, please email SSA at [SSA.data.exchange@ssa.gov](mailto:SSA.data.exchange@ssa.gov)

You will not be able to return to this screen after you exit.

**The Paperwork Reduction Act Statement is unchanged and will be filled out on the pdf document at the end of the online tool.**