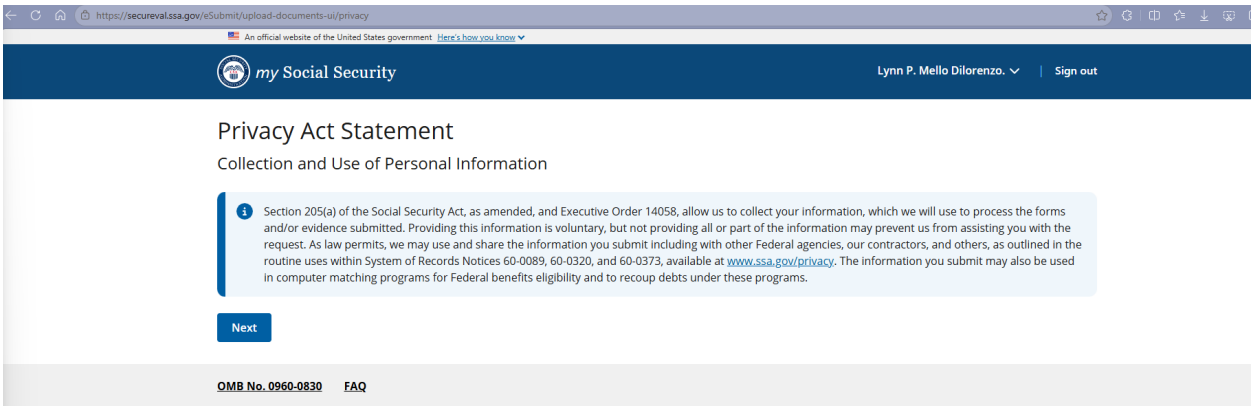
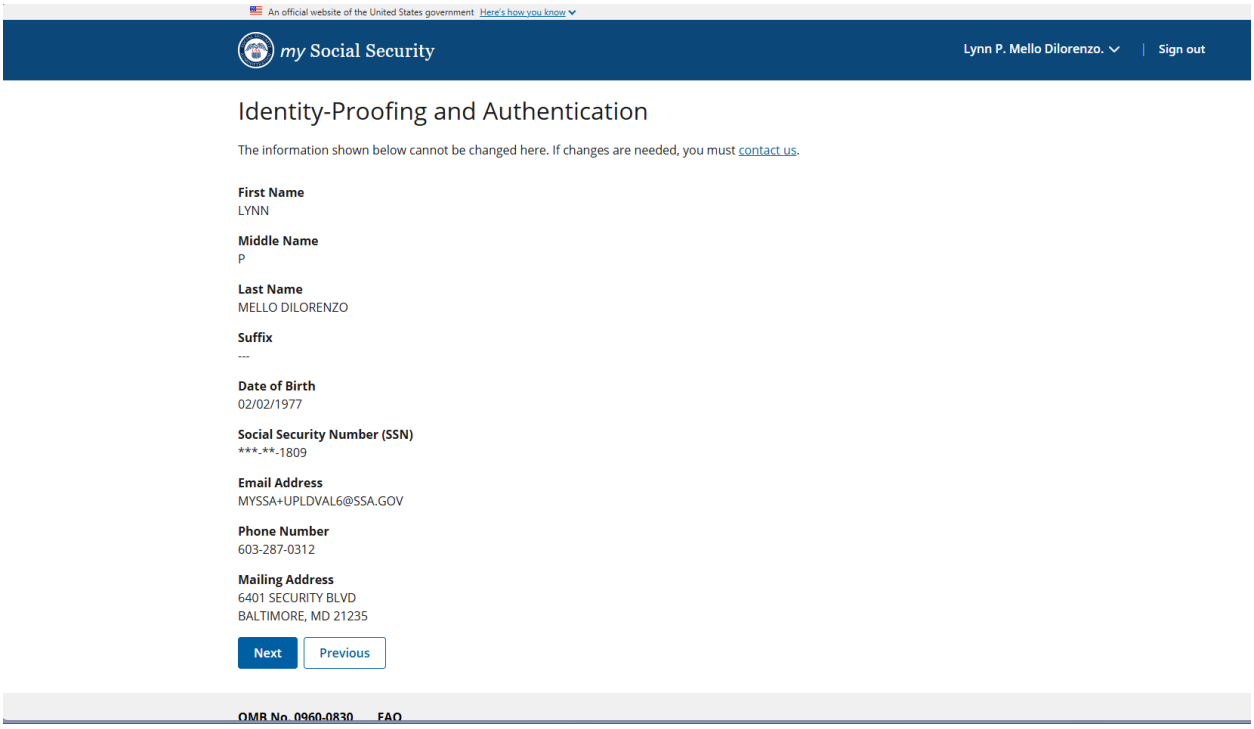
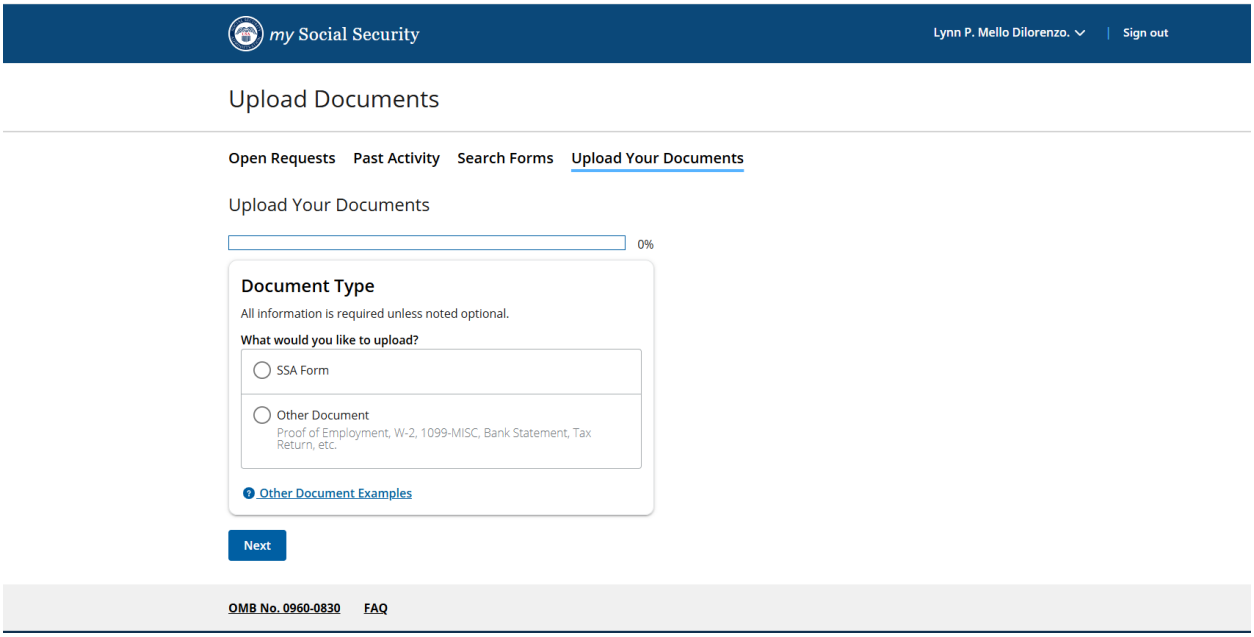
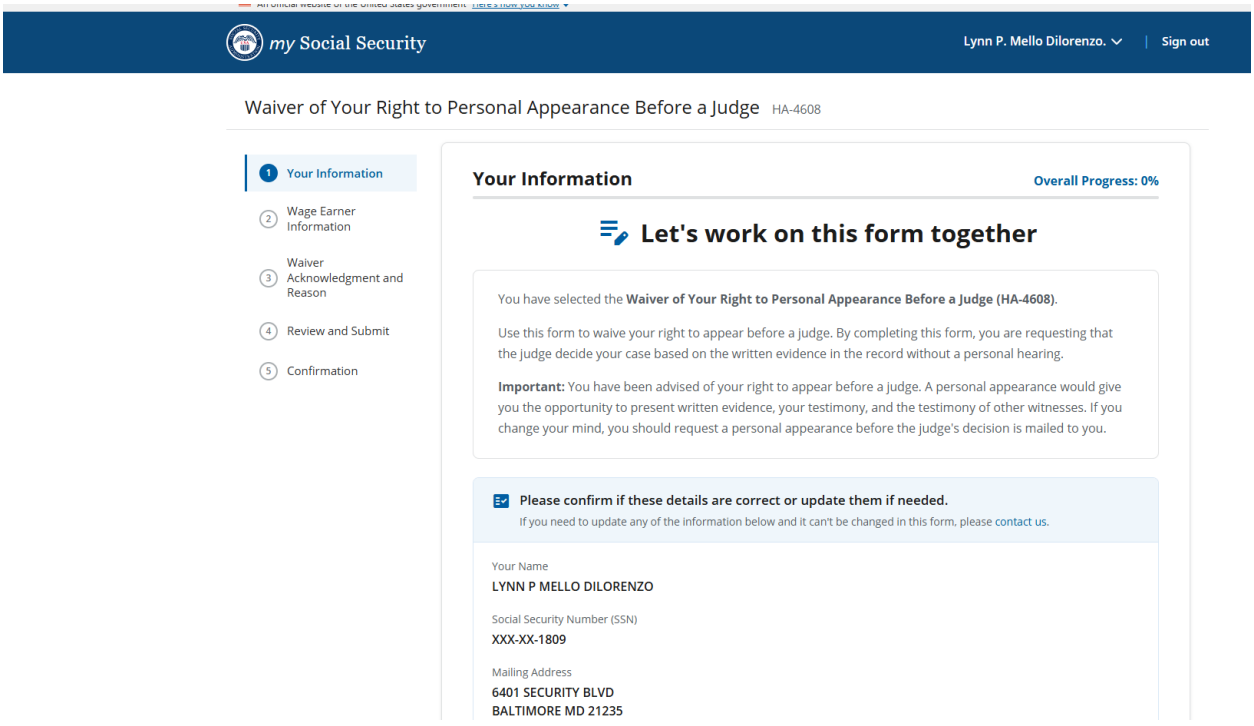

https://secureval.ssa.gov/eSubmit/upload-documents-ui/privacy
An official website of the United States government Here's how you know
my Social Security
Lynn P. Mello Dilorenzo.
Sign out
Privacy Act Statement
Collection and Use of Personal Information
Section 205(a) of the Social Security Act, as amended, and Executive Order 14058, allow us to collect your information, which we will use to process the forms and/or evidence submitted. Providing this information is voluntary, but not providing all or part of the information may prevent us from assisting you with the request. As law permits, we may use and share the information you submit including with other Federal agencies, our contractors, and others, as outlined in the routine uses within System of Records Notices 60-0089, 60-0320, and 60-0373, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.
Next
OMB No. 0960-0830
FAQ


An official website of the United States government Here's how you know
my Social Security
Lynn P. Mello Dilorenzo.
Sign out
Identity-Proofing and Authentication
The information shown below cannot be changed here. If changes are needed, you must contact us.
First Name
LYNN
Middle Name
P
Last Name
MELLO DILORENZO
Suffix

Date of Birth
02/02/1977
Social Security Number (SSN)
***-**-1809
Email Address
MYSSA+UPLDVAL6@SSA.GOV
Phone Number
603-287-0312
Mailing Address
6401 SECURITY BLVD
BALTIMORE, MD 21235
Next
Previous
OMB No. 0960-0830
FAQ


my Social Security
Lynn P. Mello Dilorenzo.
Sign out
Upload Documents
Open Requests
Past Activity
Search Forms
Upload Your Documents
Upload Your Documents
0%
Document Type
All information is required unless noted optional.
What would you like to upload?
SSA Form
Other Document
Proof of Employment, W-2, 1099-MISC, Bank Statement, Tax Return, etc.
Other Document Examples
Next
OMB No. 0960-0830
FAQ


my Social Security
Lynn P. Mello Dilorenzo.
Sign out
Waiver of Your Right to Personal Appearance Before a Judge
HA-4608
1 Your Information
2 Wage Earner Information
3 Waiver Acknowledgment and Reason
4 Review and Submit
5 Confirmation
Your Information
Overall Progress: 0%
Let's work on this form together
You have selected the Waiver of Your Right to Personal Appearance Before a Judge (HA-4608).
Use this form to waive your right to appear before a judge. By completing this form, you are requesting that the judge decide your case based on the written evidence in the record without a personal hearing.
Important: You have been advised of your right to appear before a judge. A personal appearance would give you the opportunity to present written evidence, your testimony, and the testimony of other witnesses. If you change your mind, you should request a personal appearance before the judge's decision is mailed to you.
Please confirm if these details are correct or update them if needed.
If you need to update any of the information below and it can't be changed in this form, please contact us.
Your Name
LYNN P MELLO DILORENZO
Social Security Number (SSN)
XXX-XX-1809
Mailing Address
6401 SECURITY BLVD
BALTIMORE MD 21235

XXX-XX-1809

Mailing Address
6401 SECURITY BLVD
BALTIMORE MD 21235

What is your phone number?
(603) 287-0312

Edit Information

Estimated Time
5 minutes to complete

Secure
Your information is protected

Privacy Act Statement — Collection and Use of Personal Information

Sections 205(a), 1631(e), and 1869(b) of the Social Security Act, as amended, allow us to collect this information, which we will use to continue processing the claim without an oral hearing. Providing the information is voluntary, but not providing all or part of the information may prevent us from making an accurate and timely decision on your claim. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notice 60-0009, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility or to recoup debts under these programs.

Get Started | Back to Upload Your Documents

Waiver of Your Right to Personal Appearance Before a Judge HA-4608

1. Your Information
2. Wage Earner Information
3. Waiver Acknowledgment and Reason
4. Review and Submit
5. Confirmation

Your Information

Overall Progress: 25%

1 2

Items marked with a red asterisk (*) are required.

Your Name
We have this information on file. If you need to update it, please contact us.
LYNN P MELLO DILORENZO

Social Security Number (SSN)
We have this information on file. If you need to update it, please contact us.
XXX-XX-1809

Mailing Address
We have this information on file. If you need to update it, please contact us.
6401 SECURITY BLVD
BALTIMORE MD 21235

***What is your phone number?**
Include the area code and number where you can be reached during the day.
(603) 287-0312