Form **SSA-8510** (06-2017) UF Social Security Administration

Form Approved OMB No. 0960-0801

AUTHORIZATION FOR THE SOCIAL SECURITY ADMINISTRATION TO OBTAIN PERSONAL INFORMATION

Authorizing Person (Person about whom information is being requested)		Social Security Number	
	Claimant's/Beneficiary's So	cial Security Number	
Authorizing Person's Signature		Date	
City and State		ZIP Code	
wever, if you hands.	ve signed by mark (X), two v	vitnesses to the	
2. Signature of	ire of Witness		
Address (Num	ber, Street, City, State, ZIP (Code)	
	to the Social Sedian or represer City and State wever, if you haves. 2. Signature of	Claimant's/Beneficiary's So to the Social Security Administration any redian or representative, authorize the same of City and State Wever, if you have signed by mark (X), two was a second control of the control of	

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1631(e) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide on this form to obtain information about you from any public or private custodian regarding your eligibility for Social Security benefits.

You do not have to provide us this information. Your responses are voluntary. However, failure to provide all or part of the information could prevent us from making an accurate and timely decision regarding your Social Security benefits.

We rarely use this information you supply for any purpose other than for reviewing your claim for Social Security benefits. 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:

- To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
- 2. 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);
- 3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
- 4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement 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.

A complete list of routine uses for this information are available in our System of Records Notices entitled, Claims Folders Systems (60-0089) and the Master Beneficiary Record (60-0090). These notices, additional information regarding this form, routine uses of information, and our programs and systems are available on-line at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. 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 5 minutes to read the instructions, gather the facts, and answer the questions. Send <u>only</u> comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.