

SOCIAL SECURITY DOCUMENTATION FORM

INSTRUCTIONS: STUDENT MUST COMPLETE NUMBERS 1 THROUGH 7. HAVE THIS FORM COMPLETED BY YOUR SOCIAL SECURITY ADMINISTRATOR. RETURN THIS FORM DIRECTLY TO THE HEOP OFFICE **WITHIN 10 DAYS.**

1. STUDENT'S NAME: _____
LAST FIRST MIDDLE

2. CASE NAME: _____
LAST FIRST MIDDLE

3. SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH _____

4. ADDRESS: _____
NO. & STREET CITY STATE ZIP CODE

5. TELEPHONE NO: (_____) _____

6. WRITE YOUR NAME AND THE NAMES OF ALL OTHER HOUSEHOLD MEMBERS:

7. **AUTHORIZATION TO RELEASE INFORMATION:**

I GIVE THE SOCIAL SECURITY ADMINISTRATION AUTHORITY TO DISCLOSE AND RELEASE THE AMOUNT OF **2017** SOCIAL SECURITY BENEFITS RECEIVED BY ME AND INDIVIDUALS LISTED IN #6.

STUDENT'S SIGNATURE & SOCIAL SECURITY NO.

MOTHER'S SIGNATURE & SOCIAL SECURITY NO.

FATHER'S SIGNATURE & SOCIAL SECURITY NO.

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

FILL IN THE TOTAL AMOUNT PAID TO EACH INDIVIDUAL LISTED IN THE HOUSEHOLD FROM January 1, 2017 TO December 31, 2017.

SIGNATURE AND STAMP OF SOCIAL SECURITY OFFICER DATE

ADDRESS & PHONE NO. OF DISTRICT OFFICE

PLEASE RETURN ALL COPIES TO THE HEOP OFFICE, ST. JOHN FISHER COLLEGE, 3690 EAST AVENUE, ROCHESTER, N.Y. 14618