

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title/Position]

[Company/Organization Name]

[Address]

[City, State, Zip Code]

Subject: Authorization to Share Social Security Information

Dear [Recipient Name],

I, [Your Full Name], hereby authorize [Recipient Name/Company/Organization Name] to share my Social Security information for the purpose of [specify purpose, e.g., eligibility verification, application processing, etc.].

This authorization is valid until [Specify Duration or Indicate "until revoked"]. I understand that I can withdraw this authorization at any time by providing written notice.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]