



CONSENT FOR RELEASE OF INFORMATION BY THE SOCIAL SECURITY ADMINISTRATION
 JOB SERVICE NORTH DAKOTA
 WORKFORCE PROGRAMS
 SFN 61030 (R. 8-2019)

Supplemental Security Income (SSI) benefit recipient, complete sections 1, 2, and 4 and MAIL this form to the "Office Location" you list in Section 1.

SECTION 1

List the complete office location (address) that assisted with your Supplemental Security Income (SSI) benefits. To locate the address, visit <https://www.ssa.gov/agency/contact/>. Click on "Find an Office" and type in the zip code. Write that address below.

Street Address		
City	State	ZIP Code

SECTION 2

Participant Name	
*Social Security Number	Date of Birth
Month and year you were hired with the employer for whom you completed forms for the Work Opportunity Tax Credit (WOTC) Program	

SECTION 3

I authorize the Social Security Administration to release information and supply, using this document, the specific information requested in the table below to the agency/representative listed as:

State WOTC Coordinator – Job Service North Dakota Workforce Programs – PO Box 5507 – Bismarck ND 58506-5507

For the purpose of establishing eligibility for the Work Opportunity Tax Credit (WOTC) Program

THIS TABLE IS TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION

Supplemental Security Income (SSI) Benefits	Were SSI benefits received by the recipient listed in Section 2 during the following months:		
	The <u>*hire month</u> as listed in Section 2:	The <u>month prior</u> to the <u>*hire month</u> :	The month that is <u>2 months prior</u> to the <u>*hire month</u> :
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4

SSI Benefit Recipient: Please sign below and mail this form to the office you listed in Section 1.

Participant Signature	Date
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*In compliance with the Privacy Act of 1974, a Social Security Number is mandatory on this form pursuant to 20 CFR 666.150 and/or North Dakota Century Code 52-02-02. This number is used by Job Service North Dakota for identification, federal and state tax program eligibility purposes, and program performance accountability.

Distribution: To agency/person from whom information is sought; participant; requesting agency.

Job Service North Dakota is an equal opportunity employer/program provider.
 Auxiliary aids and services are available upon request to individuals with disabilities.