Massachusetts State Supplement Program
Request for Access to SSP Client Record and Information

This form is to be completed by an SSP client who wishes to authorize another individual to have access to his or her SSP record and information.

Section 1. SSP Client Information:

- Client Name: _____
- Client Date of Birth: _____
- Client Address: _____
  (number and street) (apartment, P.O. Box or Rural Route)

  _____
  (city) (state) (zip code)
- Last Four (4) Digits of Client's SSN: _____

Section 2. Authorization for Access to My SSP Record:

I hereby authorize the individual named below to have access to my SSP record and information. I understand that if I wish to stop this access, I must call the SSP Assistance Line at 1-877-863-1128.

- Name: _____
- Address: _____
  (number and street) (apartment, P.O. Box or Rural Route)

  _____
  (city) (state) (zip code)
- Telephone Number: _____

Section 3. REQUIRED: SSP Client Signature:

_____ Date: _____

Please call the Massachusetts SSP Assistance Line at 1-877-863-1128 if you have any questions about this form. Return completed form to:

MASSACHUSETTS SSP
PO BOX 4018
TAUNTON MA 02780-0315
or fax to: **857-323-8310**