

**SOCIAL SECURITY ADMINISTRATION REQUEST FOR  
IMMIGRATION AND NATURALIZATION SERVICE INFORMATION**

CLAIMANT'S NAME	DATE OF BIRTH	
ADDRESS (include ZIP Code)	SOCIAL SECURITY NUMBER	
	ALIEN REGISTRATION NUMBER	
	LAST INQUIRY MONTH	YEAR

The above individual has filed an application for or is currently receiving supplemental security income payments. We need to determine his/her current alien status to initiate or continue payment. If the status has changed since our last inquiry, please indicate the effective date of the new status and its expiration date (if applicable).

Please complete the appropriate items, sign this form, and return to:

Social Security Administration

FO  
Address



Thank you for your cooperation. Contact me if you have any questions.

TITLE	TELEPHONE ( )
SIGNATURE	DATE

**WAIVER OF CONFIDENTIALITY PROVISIONS  
OF THE IMMIGRATION REFORM AND CONTROL ACT OF 1986**

The statement that follows must be completed with original signature when form I-688A or I-688 is presented and the alien registration number is in the A90 000 000 series.

I understand that the Immigration Reform and Control Act of 1986 (IRCA) precludes the Immigration and Naturalization Service (INS) from using, publishing, or making available information related to my application for adjustment to temporary residence except as provided by law (confidentiality provisions). I freely and voluntarily waive the confidentiality provisions of the IRCA to permit INS to provide the Social Security Administration with information regarding my alien status for purposes of determining my eligibility for supplemental security income benefits.

SIGNATURE OF APPLICANT/RECIPIENT	DATE
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