

PRISONER VERIFICATION FORM

To: MASAC	From:	Social Security Administration

		Requestor: _____
		Telephone: _____
FAX: 508-279-3525		FAX: _____

Date of Initial Request: _____

Date of Follow-Up to Initial Request: _____

Name: _____	Inmate Number: _____
SSN: _____	Date of Birth: _____
Date of confinement/Date Committed: _____	
Date Released: _____	

1. SSA is requesting verification of the above incarceration information received from the Massachusetts Department of Correction. Does the above information match the information in the Department of Correction records?

Yes

If no, please briefly explain (Use REMARKS if necessary)

2. Has the above individual been released?

If no:

Current scheduled date of release _____

If yes:

Date of release: _____

If released to another jurisdiction, please specify jurisdiction: _____

3. Remarks _____

Please contact us if you have any questions. Thank you for your cooperation.

Completed by: _____ Date: _____