

FAX COVER SHEET
TO THE OFFICES OF
Social Security

To the Care of: _____

Fax #: _____

Date: _____

Pages: _____

Case Type: ☐ New ☐ Ongoing ☐ Revision

From: _____

Fax #: _____

Phone #: _____

Address: _____

Applicant: _____

Barcode: _____

ID #: _____

Form(s) Attached: _____

Form(s) Requested: _____

Confirmation By: _____