

NOTICE TO THIRD PARTY OF SOCIAL SECURITY NUMBER ASSIGNMENTS

* Date of Birth

PART A

**IMPORTANT: THIS INFORMATION IS FOR YOUR USE IN PREPARING
WAGE OR TAX REPORTS OR FOR COMPLETION OF YOUR RECORDS**

A social security number has been assigned and a social security card mailed to the following person(s) who requested we notify you directly of the number.

FROM:

APPLICANT

NUMBER (DOB) *

TO: Yale University
Tax Department
155 Whitney Avenue
P.O. Box 208239
New Haven, CT 06520-8239

SSA REPRESENTATIVE

TITLE

DATE

PART B

I authorize the Social Security Administration to release information about me to
Yale University for the purposes of tax reporting/treaty benefits

The information to be released will include name and Social Security number. This consent is
in effect for length of employment/studies at , or until such time as I withdraw my
authorization. Yale University

I am the individual to whom the information/record applies or that person's parent (if a minor)
or legal guardian. I know that if I make any representation which I know is false to obtain
information from Social Security records, I could be punished by a fine or imprisonment or
both.

Signature: _____ Print Name: _____

Date: _____ Relationship: _____

Date of Birth: _____