

-USTA-

SOCIAL SECURITY ADMINISTRATION RELEASE OF AGE VERIFICATION
DOCUMENTATION

The below named individual has requested transportation service through the Union/Snyder Transportation Alliance (USTA) which may be eligible for State Shared-Ride Lottery Fund sponsorship. This sponsorship requires the provider (USTA) to verify the individual is age sixty-five (65) or older. The intent of this form is to grant authorization to the Social Security Administration to provide USTA with age verification documentation.

CLIENT'S NAME: _____ (_____)
Last First Middle Initial

SOCIAL SECURITY NUMBER: _____

BIRTHDATE: _____
Month Day Year

ADDRESS: _____ (_____)
Zip

CLIENT STATEMENT OF RELEASE:

I, the above named client of the Union/Snyder Transportation Alliance, hereby give authorization to the Social Security Administration to provide USTA with a verification statement of my birthdate to be used for the purpose of providing me with reduced cost transportation sponsored by the Pennsylvania Shared-Ride Lottery Program.

Client's Signature

Date of Signature

SOCIAL SECURITY ADMINISTRATION REPRESENTATIVE: Please return to:

USTA
1610 Industrial Blvd., Suite 700
Lewisburg, PA 17837

If you have any questions, please call USTA at (570) 743-0029. Thank You.