

Social Security Administration
Consent for Release of Information

TO: Social Security Administration

Name _____ Date of Birth _____ Social Security Number _____

I authorize the Social Security Administration to release information or records about me to:

NAME

ADDRESS

I want this information released because:

(There may be a charge for releasing information.)

Please release the following information:

- ___ Social Security Number
- ___ Identifying information (includes date and place of birth, parents' names)
- ___ Monthly Social Security benefit amount
- ___ Monthly Supplemental Security Income payment amount
- ___ Information about benefits/payments I received from _____ to _____
- ___ Information about my Medicare claim/coverage from _____ to _____
(specify)
- ___ Medical records
- ___ Record(s) from my file (specify)

- ___ Other (specify)

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:

(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: _____