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 claims/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: _____

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