

Social Security Administration  
Consent for Release of Information

Form Approved  
OMB No. 0960-0566

SSA will not honor this form unless all required fields have been completed (\*signifies required field).

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 selected from the list below:  
*You must check at least one box. Also, SSA will not disclose records unless applicable date ranges are included.*

- Social Security Number
- Current monthly Social Security benefit amount
- Current monthly Supplemental Security Income payment amount
- My benefit/payment amounts from \_\_\_\_\_ to \_\_\_\_\_
- My Medicare entitlement from \_\_\_\_\_ to \_\_\_\_\_
- Medical records from my claims folder(s) from \_\_\_\_\_ to \_\_\_\_\_  
*If you want SSA to release a minor's medical records, do not use this form but instead contact your local SSA office.*
- Complete medical records from my claims folder(s)
- Other record(s) from my file (e.g. applications, questionnaires, consultative examination reports, determinations, etc.) \_\_\_\_\_

I am the individual to whom the requested information/record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury in accordance with 28 C.F.R. § 16.41(d)(2004) that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that any applicable fees must be paid by me.

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

Relationship (if not the individual): \_\_\_\_\_ \*Daytime Phone: \_\_\_\_\_