

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: _____

Social Security Administration

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Please read these instructions carefully before completing this form.

When To Use This Form

Complete this form only if you want the Social Security Administration to give information or records about you to an individual or group (for example, a doctor, or insurance company).

Natural or adoptive parents or a legal guardian, **acting on behalf of a minor**, who want us to release the minor's:

- o nonmedical records, should use this form.
- o medical records, should not use this form, but should contact us.

Note: Do not use this form to request information about your earnings or employment history. To do this, complete Form SSA-7050-F3. You can get this form at any Social Security office.

How To Complete This Form

This consent form must be completed and signed only by:

- o the person to whom the information or record applies, or
- o the parent or legal guardian of a minor to whom the **nonmedical** information applies, or
- o the legal guardian of a legally incompetent adult to whom the information applies.

To complete this form:

- o Fill in the name, date of birth, and Social Security Number of the person to whom the information applies.
- o Fill in the name and address of the individual or group to which we will send the information.
- o Fill in the reason you are requesting the information.
- o Check the type(s) of information you want us to release.
- o Sign and date the form. If you are not the person whose record we will release, please state your relationship to that person.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

TIME IT TAKES TO COMPLETE THIS FORM—We estimate that it will take you about 3 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.