

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
Consent for Release of Information**

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 an insurance company).

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

- **nonmedical records, should use this form.**
- **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:

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

To complete this form:

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

PAPERWORK REDUCTION ACT: This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 3 minutes to read the instructions, gather the necessary facts, and answer the questions.