Social Security Administration Consent for Release of Information

Name	Date of Birth	Social Security Number
authorize the Social Securit me to:	ty Administration to release in	formation or records about
NAME		ADDRESS
want this information relea	sed because:	
There may be a charge for releasi	_	
Please release the following		
Social Security Number		sinth managetal manage)
Identifying information Monthly Social Securi	n (includes date and place of I	pirtn, parents' names)
•	I Security Income payment an	nount
,	nefits/payments I received from	
Information about my	Medicare claim/coverage from	n to
Medical records		
Record(s) from my file	e (specify)	
Other (specify)		
minor) or legal guardian. I d nformation on this form and understand that anyone who material fact in this informat	the information/record applies eclare under penalty of perjur I it is true and correct to the b knowingly gives a false or m ion, or causes someone else to ay face other penalties, or bot	y that I have examined all the lest of my knowledge. I lisleading statement about a to do so, commits a crime and
Signature:		
Show signatures, names, and addresses o	of two people if signed by mark.)	
Date:	Relationship:	