

Consent for Release of Information

You must complete all required fields. We will not honor your request unless all required fields are completed. (**signifies a required field*).

TO: Social Security Administration

***My Full Name**

***My Date of Birth**
(MM/DD/YYYY)

***My Social Security Number**

I authorize the Social Security Administration to release information or records about me to:

***NAME OF PERSON OR ORGANIZATION:**

***ADDRESS OF PERSON OR ORGANIZATION:**

***I want this information released because:**

We may charge a fee to release information for non-program purposes.

***Please release the following information selected from the list below:**

You must specify the records you are requesting by checking at least one box. We will not honor a request for "any and all records" or "my entire file." Also, we will not disclose records unless you include the applicable date ranges where requested.

1. ☐ Social Security Number
2. ☐ Current monthly Social Security benefit amount
3. ☐ Current monthly Supplemental Security Income payment amount
4. ☐ My benefit or payment amounts from date _____ to date _____
5. ☐ My Medicare entitlement from date _____ to date _____
6. ☐ Medical records from my claims folder(s) from date _____ to date _____

If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.

7. ☐ Complete medical records from my claims folder(s)
8. ☐ Other record(s) from my file (**you must specify the records you are requesting, e.g., doctor report, application, determination or questionnaire**)

I am the individual, to whom the requested information or 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 (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form, and 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 seeks or obtain access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

***Signature:** _____ ***Date:** _____

***Address:** _____

Relationship (if not the subject of the record): _____ ***Daytime Phone:** _____

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness

2. Signature of witness

Address(Number and street, City, State, and Zip Code)

Address(Number and street, City, State, and Zip Code)

Request for *Social Security Statement*

Within four to six weeks after you return this form, we will send you:

- a record of your earnings history;
- an estimate of how much you have paid in Social Security taxes; and
- estimates of benefits you (and your family) may be eligible for now and in the future.

Please note: If you have been receiving a *Social Security Statement* each year about three months before your birthday, this request will stop your next scheduled mailing. You will not receive a scheduled Statement until the following year.

We hope you will find the *Statement* useful in planning your financial future. Remember, Social Security is more than a program for retired people. It helps people of all ages in many ways. For example, it can help support your family when you die and pay you benefits if you become severely disabled.

If you have any questions about Social Security or this form, please call our toll-free number, **1-800-772-1213 (TTY 1-800-325-0778)**.

☐ Please check this box if you want to get your *Statement* in Spanish instead of English.

Please print or type your answers. When you have completed the form, mail it to:

Social Security Administration
Wilkes Barre Data Operations Center
P.O. Box 7004
Wilkes Barre, PA 18767-7004

1. Name shown on your Social Security card:

First Name: Middle Initial:

Last Name only:

2. Your Social Security number as shown on your card: - -

3. Your date of birth (Month-Day-Year): / /

4. Other Social Security numbers you have used: - -
 - -

5. Your Sex: ☐ Male ☐ Female

For items 6 and 8, show only earnings covered by Social Security. Do NOT include wages from state, local, or federal government employment that are NOT covered by Social Security or that are covered ONLY by Medicare.

6. Show your actual earnings (wages and/or net self-employment income) for last year and your estimated earnings for this year.

A. Last year's actual earnings: \$

 0 0 (Dollars Only)

B. This year's estimated earnings: \$

 0 0 (Dollars Only)

7. Show the age at which you plan to stop working:

(Show only one age)

8. Below, show the average yearly amount (not your total future lifetime earnings) that you think you will earn between now and when you plan to stop working. Include performance or scheduled pay increases or bonuses, but not cost-of-living increases.

If you expect to earn significantly more or less in the future due to promotions, job changes, part-time work or an absence from the work force, enter the amount that most closely reflects your future average yearly earnings.

If you don't expect any significant changes, show the same amount you are earning now (the amount in 6B).

Future average yearly earnings: \$

 0 0 (Dollars Only)

9. Do you want us to send the *Statement*:

- To you? Enter your name and mailing address.
- To someone else (your accountant, pension plan, etc.)? Enter your name with "c/o" and the name and address of that person or organization.

"C/O" or Street Address (Include Apt. No., P.O. Box, Rural Route)

Street Address

Street Address (If Foreign Address, enter City, Province, Postal code)

U.S. City, State, ZIP code (If Foreign Address, enter Name of Country only)

NOTICE:

I am asking for information about my own Social Security record or the record of a person I am authorized to represent. I declare under penalty of perjury 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 authorize you to use a contractor to send the *Social Security Statement* to the person and address in item 9.



Please sign your name (Do Not Print)

(Area Code) Daytime Telephone Number

Date

Privacy Act Statement

Sections 205(a), 205(c)(2), and 1143(a)(2) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to accurately identify your Social Security earnings records, extract the recorded earnings history and to produce the requested statement.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent the issuance of a Social Security account statement.

We rarely use the information you supply us for any purpose other than to identify your Social Security earnings records and issue a Social Security account statement. We may disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or agency to assist us in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We also may use the information you give us in computer matching programs. Matching programs compare our records with records kept by other Federal, State and local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of benefits or delinquent debts under these programs.

A complete list of routine uses of the information you provided us is available in our Systems of Records Notice entitled, Earnings Recording and Self-Employment Income System, Social Security Administration, Office of Systems, 60-0059. This notice, additional information regarding this form, and information regarding our programs and systems, are available online at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Notice

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**