

**Social Security Administration**  
**Consent for Release of Information**

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**TO: Social Security Administration**

Name	Date of Birth	Social Security Number
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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 declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature: \_\_\_\_\_

(Show signatures, names, and addresses of two people if signed by mark.)

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

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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 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-F4. 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:** Paperwork Reduction Act Statement: 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 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 3 minutes to read the instructions, gather the facts, and answer the questions. The office is listed under U. S. Government agencies in your telephone directory or you may call 1-800-772-1213 for the address. You may send comments on our estimate of the time needed to complete the form to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.