Form Approved OMB No. 0960-0566

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

Form SSA-3288 (2-1991) EF (1-2001)