

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:

Please release the following information:

- _____ Confirmation of Social Security Number
- _____ Identifying information (includes address history, approximate date of birth, phone number, if available)

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 Social Security record information, 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: _____