

Social Security Administration
Consent for Release of Information

TO: Social Security Administration

Name: _____ Date of Birth: _____

Social Security Number: _____ Place of Birth: _____

Mother's maiden name: _____

Last Employer: _____ Date of Injury: _____

I authorize the Social Security Administration ("SSA") to release information or records about me to:

I want this information released because:

To determine my Social Security Disability status and the date of entitlement to Medicare for the purpose of settling my workers' compensation claim relating to the above date of injury.

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 ALL DATES;
- _____ Information about my Medicare claim/coverage from ALL DATES.
- _____ Medical records
- _____ Record(s) from my file: **Date of Medicare entitlement, basis for entitlement.**
- _____ Other: **Date applied for disability benefits; status of my application; if denied, basis for denial; (number of quarters worked, or invalid number) if an appeal or re-application is in process, and date Social Security Disability benefits started.**

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 that I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____ Date: _____

Address: _____

(Include names, addresses, and signatures of two people IF the above is signed by mark.)
