

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

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.**

See Revised PRA, Attached

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.

The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - 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 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. *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.*