

**LETTER TO CUSTODIAN OF SCHOOL RECORDS**

Claim Number \_\_\_\_\_

Date \_\_\_\_\_

**PART 1 – TO BE COMPLETED BY REQUESTER**

\_\_\_\_\_  
Name of Record Custodian

\_\_\_\_\_  
Address of Record Custodian

Sir/Madam:

I need to establish my date of birth to become entitled to Social Security benefits. I am requesting verification of my age according to records that may be available at your school. I am providing the following information to help in searching your records.

Name as Registered in School

Nickname

\_\_\_\_\_

Date of Birth (Month, Day, Year) \_\_\_\_\_

Place of Birth (City, County, and State) \_\_\_\_\_

Name(s) of Parent(s) or Guardian(s) (First, Full Middle, Last) \_\_\_\_\_

**Schools Attended** (In same city or school district)

(1) Name of School (If unable to remember, give location)	Grade(s) Attended	Date(s) Attended
_____	_____	_____

Residence at Time of Attendance

\_\_\_\_\_

Remarks

\_\_\_\_\_

(2) Name of School (If unable to remember, give location)	Grade(s) Attended	Date(s) Attended
_____	_____	_____

Residence at Time of Attendance

\_\_\_\_\_

Remarks

\_\_\_\_\_

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(3) Name of School (If unable to remember, give location)      Grade(s) Attended      Date(s) Attended

\_\_\_\_\_

Residence at Time of Attendance

\_\_\_\_\_

Remarks

\_\_\_\_\_

\_\_\_\_ I authorize the disclosure of the requested information to the Social Security Administration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Phone Number with Area Code

\_\_\_\_\_  
Relationship to Person Whose Record is Being Requested

**PART 2 – NOTARIZATION OF REQUESTER’S SIGNATURE (If Required)**

Notary Public should use the space below for notarization and placement of seal.

**PART 3 – PAYMENT INFORMATION**

**Enclosed is \$ \_\_\_\_\_ in the form of:**

- Personal Check
- Certified Check
- Money Order
- No Fee Required

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## PART 4 – CERTIFICATION BY CUSTODIAN OF SCHOOL RECORDS

- \_\_\_\_\_ The record is unavailable.
- \_\_\_\_\_ I certify the information below based on school records in my custody.
- Name of School \_\_\_\_\_
  - Address of School \_\_\_\_\_
  - Name as Shown on School Record \_\_\_\_\_
  - Name(s) of Parent(s) or Guardian(s) \_\_\_\_\_
  - Age or Date of Birth as Shown on School Records \_\_\_\_\_
  - Date of School Record (Month, Day, Year) \_\_\_\_\_
  - Place of Birth \_\_\_\_\_
  - Remarks \_\_\_\_\_

\_\_\_\_\_  
Signature and Title of Custodian of School Records

\_\_\_\_\_  
Name of School or Agency Having Custody of Record

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

\_\_\_\_\_  
Date

See Revised Privacy Act  
Statement

### **PRIVACY ACT/PAPERWORK REDUCTION ACT NOTICE**

The Privacy Act requires us to notify you that we are authorized to collect this information by section 205(a) of the Social Security Act. You do not have to provide the information requested. The data you provide, however, will allow the Social Security Administration to determine the age and/or citizenship of a person who is applying for Social Security or Supplemental Security Income benefits. If you do not complete this form, that person may not be entitled to benefits. We do not disclose the information you provide to any person or other government agency.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you give us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

**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 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND 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**

***SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:***

## **Privacy Act Statement**

### **Collection and Use of Personal Information**

Section 205(a) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide on this form to determine the age and/or citizenship of a person who is applying for Social Security or Supplemental Security Income benefits.

Completion of this form is voluntary; however, if you do not complete this form, it may delay the determination of your eligibility for benefits..

We rarely use this information you supply for any purpose other than for determining continuing eligibility. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our System of Records Notices entitled, Claims Folders Systems (60-0089) and the Master Beneficiary Record (60-0090). The notices, additional information regarding this form, routine uses of information, and our programs and systems is available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

***SSA will insert the following revised PRA Statement 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 10 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***