

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
- Other

DO NOT SEND CASH

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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

**PRIVACY ACT STATEMENT
Collection and Use of Personal Information**

**See Revised Privacy Act
Statement Attached**

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 that person's 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 are available on-line at www.socialsecurity.gov or at your local 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 only comments relating to our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.*