

**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: \_\_\_\_\_

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

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

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

Residence at Time of Attendance: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Street Address \_\_\_\_\_

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

City and State \_\_\_\_\_

Phone Numbers with Area Code \_\_\_\_\_

Zip 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**

**LETTER TO CUSTODIAN OF SCHOOL RECORDS****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: \_\_\_\_\_

Date: \_\_\_\_\_

Name of School or Agency Having Custody of Record: \_\_\_\_\_ Address (Street, City, State, Zip Code): \_\_\_\_\_

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

Sections 205(a) and 1631 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed. We will use the information to determine your eligibility for benefits, and may use the information for the administration of our programs. We may also share your information for the following purposes, called routine uses:

1. To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs. We will disclose information under this routine use only in situations in which SSA may enter into a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records; and
2. To applicants or claimants, prospective applicants or claimants (other than the data subject), their authorized representatives or representative payees to the extent necessary to pursue Social Security claims, and to representative payees, when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting the Social Security Administration in administering its representative payment responsibilities under the Act and assisting the representative payees in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, entitled Claims Folders Systems, 60-0090, entitled Master Beneficiary Record, and 60-0058, entitled Master Files of Social Security Number (SSN) Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

**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.**