



Securing today
and tomorrow

**Creating Advanced Streamlined Electronic Services for
Constituents (CASES) Act**

Release 1

Webform Application

Screen Package

December 21st, 2022

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Application Landing Page:

- Privacy Home
- The Privacy Act of 1974
- System of Records Notices (SORN)
- Privacy Act Exemptions
- Privacy Act Implementation Rules
- Submit a Privacy Act Request
- Electronic Request for Consent to Disclose
- Privacy Impact Assessments
- Computer Matching Programs
- Court Orders, Subpoenas, Law Enforcement Requests, and Other Legal Processes
- Privacy Policies and Reports
- Contact Us

Electronic Request for Consent to Disclose

Once we have verified your identity, you can electronically consent to and authorize the Social Security Administration (SSA) to disclose any of the following records to another person or entity. Please [click here](#) to submit your online request.

- Verification of Social Security number
- Current monthly Social Security benefit amount
- Current monthly Supplemental Security Income payment amount
- Social Security benefit amounts
- Supplemental Security Income payment amounts
- Medicare entitlement
- Medical records from my claims folder(s)
- Application(s) for benefits
- Award notice(s)
- Denial notice(s)
- Appeal request(s)

Do **NOT** use this form to

- Make requests if you are not at least 18 years of age.
- Request access to information or records to be sent to yourself.
- Consent to SSA disclosing a minor child's records to a third party.
- Consent to SSA disclosing a legally incompetent adult's records to a third party.
- Request access to your earnings records or consent to SSA disclosing your earnings records to a third party.

If you do not want to or you are unable to submit your request electronically, please contact your local servicing office. To locate the appropriate servicing office, visit <https://secure.ssa.gov/ICON/main.jsp> and input your zip code.

Authentication:

Sign In

Accounts created **before** September 18, 2021 should enter a Username and Password.

Username

[Forgot Username?](#)

Password

[Forgot Password?](#)

[Sign in](#)

[Sign in with LOGIN.GOV](#)

[Sign in with ID.me](#)

[Learn more](#)

[Create an account](#)

Are you now, or have you ever been a victim of domestic violence? Identity theft? Do you have other concerns?

You can contact us to block electronic access to your information at any time, for any reason.

[Privacy and Security](#)

OMB No. 0960-0789 [Privacy Policy](#) [Privacy Act Statement](#) [Accessibility Help](#)

User is brought to the user login screen. User enters username and password for eAccess legacy login and clicks the “Sign in” button.



Please verify your cell phone number

Is your cell phone number still (***) *** - 7890?

Yes, it is correct. Please provide a security code now.

No, it is no longer valid and must be changed.

Next

Exit

[Privacy and Security](#)

[OMB No. 0960-0789](#) [Privacy Policy](#) [Privacy Act Statement](#) [Accessibility Help](#)

User is brought to a screen where user verifies their cell phone number and selects the radio button for “Yes, it is correct. Please provide a security code now.”



i We sent a text message to (***) *** - 7890.

Please allow up to 2 minutes for the security code to arrive.
The security code will **expire** 10 minutes from the time of your request.

Please enter your security code

▼ Having trouble?

Enter the security code you just received.

Submit Security Code

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User enters the security code received and clicks the “Submit Security Code” button.



General Terms of Service

The terms of service in this section apply to all Social Security online services. Depending on the specific Social Security online service you access, you may be asked to agree to added terms to use that service.

By checking I agree to the Terms of Service, I acknowledge the following conditions:

- I understand that I am accessing a U.S. Government system.
- I understand that my usage of this system may be monitored, recorded, and subject to audit.
- I understand that unauthorized or improper use of this system is prohibited and may result in administrative, civil, or criminal penalties and/or other actions.
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that the Social Security Administration may stop me from using Social Security online services if it finds or suspects fraud or misuse.
- I accept that I am responsible for properly protecting any information provided to me by the Social Security Administration.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me or any information that is on or from my computer or other device, whether due to my negligence or the wrongful acts of others.

I agree to the Terms of Service.

Next

Exit

[Privacy and Security](#)

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User selects the “I agree to the Terms of Service” checkbox and clicks the “Next” button.

Terms of Service:

An official website of the United States government [Here's how you know](#) ▼

 **Social Security** Sign Out

Form SSA-3288-OP1, Consent for Disclosure of Records Protected Under the Privacy Act

Steps

- Consent to Disclose Privacy Act Protected Records**
- Terms of Service
- Privacy Act Statement
- Instructions for Using this Form
- Information Required for Identity-Proofing and Authentication
- Description of Requested Records
- Recipient Information
- Release Reason
- Review and Submit

Consent to Disclose Privacy Act Protected Records

The terms of service in this section apply if you complete the online Form SSA-3288-OP1 to consent to and authorize the Social Security Administration to disclose your records.

- By completing this online form, I am giving my consent to and authorization for the Social Security Administration to disclose my records to a third party. I acknowledge that I will need to provide information to the Social Security Administration for this purpose and the Social Security Administration will use such information to process my consent.
- If I do not agree to these terms, it will prevent me from submitting any online consent to and authorization for the Social Security Administration to disclose my records to a third party, and I will have to submit any such consent by submitting a paper consent that complies with our regulations and [consent policy](#).
- I understand that the Social Security Administration will not disclose my records to the third party that I requested using this online webform if it finds or suspects fraud or misuse.

Read our [Privacy Policy](#) and OMB No. 0960-0566 [Paperwork Reduction Act](#). Search our [FAQs](#).

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Upon successful authentication, the user will be presented with the Terms of Service for the online Form SSA-3288-OP1. The user must select the “I agree to the Terms of Service” button to continue.

Privacy Act Statement:

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PRIVACY ACT STATEMENT

The Privacy Act (5 U.S.C. § 552a) and Section 205(a) of the Social Security Act allow us to collect your information, which we will use to process your authorization for the Social Security Administration (SSA) to release your records. Providing your information is voluntary, but not providing all or part of the information may prevent us from honoring your authorization to release your records. We may share your information in accordance with the Privacy Act and other Federal laws, including to contractors, other Federal agencies, and others, as necessary, as listed in routine uses in System of Records Notices (SORN) 60-0089, entitled Claims Folders System; 60-0090, entitled Master Beneficiary Record; 60-0320, entitled Electronic Disability Claim File; and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits. Your information may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and recouping debts under these programs. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

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After agreeing to the Terms of Service, the user is presented with the Privacy Act statement. The user must click on the "Next" button to continue.

Instructions:

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Sign Out

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Instructions for Using this Form

Provide the required information if you are providing **consent and authorizing the agency to disclose your records to another person or entity**. We may charge a fee if you are requesting the information for a purpose unrelated to the administration of a program under the Social Security Act.



NOTE:

Do **NOT** use this form to

- Request access to information or records about yourself.
- Consent to the Social Security Administration releasing a minor child's records to a third party.
- Consent to the Social Security Administration releasing a legally incompetent adult's records to a third party.
- Request information about your earnings.
- Consent to the Social Security Administration releasing information about your earnings to a third party.

If you are seeking earnings records, complete and submit form SSA-7050-F4, Request for Social Security Earning Information. You can obtain form SSA-7050-F4 from your local Social Security office or online at www.ssa.gov/online/ssa-7050.pdf.

How to Complete this Form

All required fields marked with an asterisk (*) **must** be completed. We will **not** be able to process your request unless you have completed all required fields.

- Your name, date of birth, Social Security number, and address will auto-populate from our records.
- Select the type(s) of information you want us to release, including specific date ranges and benefit type, where applicable.
- Fill in the name, address, and telephone number of the person or entity where you want us to send the requested information.
- Specify the reason you want us to release the information (e.g., SSA claim or benefit application, appeal, or hearing; non-SSA private or personal litigation; non-SSA benefit eligibility for government or private programs; or personal use).
- Sign and date this form.

NOTE: This consent form is valid for one-time use only. A consent form for the release of non-medical records is valid for one year from the date of the electronic signature. A consent form for the release of medical records is valid for 90 days from the date of the electronic signature.

If you do not want to submit your request electronically, you may use the paper Form SSA-3288 to submit your request. Please send or bring the completed Form SSA-3288 to your local servicing office. To locate the appropriate servicing office, visit <https://secure.ssa.gov/ICON/main.jsp>, and input your ZIP code.

Complete all fields before you electronically sign the form. You may not alter the form after you have signed it.

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The information shown below cannot be changed here. If changes are needed, you must [contact us](#).

Name
DINO BARYLSKI

Date of Birth
07/10/1963

Your Social Security Number (SSN)
***-**-1504

Your Address
13 NESBIT PLACE
0000
ALPHARETTA, GA 30022

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Identifying information for the authenticated individual is displayed to the user. If this information is incorrect, the user must contact SSA to update the information. The user clicks the “Next” button to continue.

Description of Requested Records:



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* Indicates required information

Description of Requested Records

I authorize the Social Security Administration to release the following information or records about me.

*Select Requested Records

Select at least one type of record you would like to request. We will **not** release or disclose records unless you include date ranges and benefit types, where applicable.

--

Requested Records

You must add at least 1 type of record request.



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The user will have the option to select and add multiple record types from the drop-down menu by selecting the record type and clicking the "Add Record" button. The user must select at least one record type.

--

- Verification of Social Security Number
- Current monthly Social Security benefit amount
- Current monthly Supplemental Security Income payment amount
- Social Security benefit amounts from date ____ to date ____
- Supplemental Security Income payment amounts from date ____ to date ____
- Medicare entitlement from date ____ to date ____
- Medical Records from my claims folder(s)
- Application for Benefits
- Award Notice
- Denial Notice
- Appeal Request

Records available for the user to add include the records listed above.

Social Security Benefit Dates ×

* Indicates required information

Social Security Benefit Dates

Enter the from date and to date for your Social Security benefit amounts request. Please select date range after 1935.

* From Date

MM/DD/YYYY

* To Date

MM/DD/YYYY

Save

Users must specify a date range when adding the “Social Security benefit amounts” record type.

Supplemental Security Income Payment Dates ×

* Indicates required information

Supplemental Security Income Payment Dates

Enter the from date and to date for your Supplemental Security Income payment amounts request. Please select date range after 1935.

* From Date

MM/DD/YYYY

* To Date

MM/DD/YYYY

Save

Users must specify a date range when adding the “Supplemental Security Income payment amounts” record type.

Medicare Entitlement Dates ×

* Indicates required information

Medicare Entitlement Dates

Enter the from date and to date for your Medicare entitlement records request. Please select date range after 1935.

* From Date

MM/DD/YYYY

* To Date

MM/DD/YYYY

Save

Users must specify a date range when adding the “Medicare entitlement” record type.

Medical Records ×

* Indicates required information

* Medical Records

You may request either complete medical records or medical records with a date range. Please select date range after 1935.

Medical records from my claims folder(s) from date ____ to date ____.

Complete Medical Records from my claims folder(s).

Save

Medical Records ×

* Indicates required information

* Medical Records

You may request either complete medical records or medical records with a date range. Please select date range after 1935.

Medical records from my claims folder(s) from date ____ to date ____.

Complete Medical Records from my claims folder(s).

Medical Records

* From Date

MM/DD/YYYY

* To Date

MM/DD/YYYY

Save

Users must select either “Complete Medical Records from my claims folder(s)” or “Medical records from my claims folder(s)” for a specific period. If choosing the latter, the user is required to provide a date range.

Application for Benefits ×



* Indicates required information

Application for Benefits 1

*** Benefit Type**

-- ▼

Date Range

*** From Date**  *** To Date** 

MM/DD/YYYY MM/DD/YYYY

Add Another

Save

Users must specify a date range and select a benefit type (Retirement, Social Security Disability or Supplemental Security Income) from the drop down when adding the “application for benefits” record type.

Award Notice ×



* Indicates required information

Award Notice 1

*** Benefit Type**

-- ▼

Date Range

*** From Date**  *** To Date** 

MM/DD/YYYY MM/DD/YYYY

Add Another

Save

Users must specify a date range and select a benefit type (Retirement, Social Security Disability or Supplemental Security Income) from the drop down when adding the “award notice” record type.

Denial Notice




* Indicates required information


Denial Notice 1

* **Benefit Type**

--

Date Range

* From Date  MM/DD/YYYY

* To Date  MM/DD/YYYY

Add Another

Save

Users must specify a date range and select a benefit type (Retirement, Social Security Disability or Supplemental Security Income) from the drop down when adding the “denial notice” record type.

Appeal Request



* Indicates required information

Appeal Request 1

* **Benefit Type**

Date Range

* From Date

MM/DD/YYYY

* To Date

MM/DD/YYYY

Add Another

Save

Users must specify a date range and select a benefit type (Retirement, Social Security Disability or Supplemental Security Income) from the drop down when adding the “appeal request” record type.

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• Indicates required information

Description of Requested Records

I authorize the Social Security Administration to release the following information or records about me.

• Select Requested Records

Select at least one type of record you would like to request. We will **not** release or disclose records unless you include date ranges and benefit types, where applicable.

--

Requested Records

Verification of Social Security Number

[Remove](#)

Social Security benefit amounts from 01/01/2022 to 06/30/2022

[Edit](#) [Remove](#)



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After the user has selected the record types they are requesting, they can either remove them from the request, edit them or proceed by clicking the “Next” button.

Add Recipients:

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* Indicates required information

Recipient Information

I authorize the Social Security Administration to release the information or record(s) about me specified above to the person(s) or organization(s) listed below. (Please provide all requested information about at least one person or organization. If a person or organization does not have a fax number, leave that field blank.)

Use the "Add Recipient" button below.

[Add Recipient](#)

Recipient Details

You must add at least 1 recipient with a maximum of 3 recipients.

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The user must add at least one recipient for the requested records using the "Add Recipient" button. The recipient(s) can be either an organization and/or a person. The form allows a maximum of three recipients.

Add Person

Add Recipient ×

* Indicates required information

* Recipient

Person
 Organization

Name

* First * Last

Address

* Street Address Apartment, Suite, Building, Etc.

* City/Town * State/Territory * ZIP Code

Phone number **Fax Number**

[Save](#)

Add Organization

Add Recipient

* Indicates required information

Recipient

Person
 Organization


Name

Address

* Street Address Apartment, Suite, Building, Etc.
* City/Town * State/Territory * ZIP Code
Phone number Fax Number

Save

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* Indicates required information

Recipient Information

I authorize the Social Security Administration to release the information or record(s) about me specified above to the person(s) or organization(s) listed below. (Please provide all requested information about at least one person or organization. If a person or organization does not have a fax number, leave that field blank.)


Use the "Add Recipient" button below.

[Add Recipient](#)

Recipient Details

Recipient Details 1	Recipient Details 2
<p>Name Jane Doe</p> <p>Address 123 Mulberry Baltimore, Maryland 21044</p> <p>Phone number (443) 123-4567</p> <p>Fax Number (443) 987-6543</p> <p>Edit Remove</p>	<p>Name Your Organization</p> <p>Address 123 Oak Baltimore, Maryland 21044</p> <p>Phone number (443) 987-6543</p> <p>Fax Number Not Answered</p> <p>Edit Remove</p>

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The user can remove or edit recipients after adding them or continue by clicking on the "Next" button.

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* Indicates required information

Release Reason

* The primary reason that I want this information released is for:

<input checked="" type="radio"/>	SSA claim or benefit application, appeal, or hearing
<input type="radio"/>	Non-SSA private or personal litigation
<input type="radio"/>	Non-SSA benefit eligibility for government or private programs
<input type="radio"/>	Personal use

We may charge a fee to release information for non-program purposes or for duplicate requests made for program purposes. If we charge a fee, we will notify you of the amount you owe and will explain how you can pay this fee.

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The user must select one of four reasons for requesting release of their records.

Review and Submit:

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* Indicates required information

Review and Submit

Before you submit Form SSA-3288-OP1, Consent for Disclosure of Records Protected Under the Privacy Act, please review the information below for accuracy. When the form is complete, type your full name in the signature box and click submit. Once you click submit, the form will be locked, and you will not be able to make additional changes. After submission, a complete record will be available to print or save.

Information Required for Identity-Proofing and Authentication

Authentication Information

First Name: **DINO**
Last Name: **BARYLSKI**
Date of Birth: **07/10/1963**
Social Security Number: *****-**-1504**

Address

Street Address: **13 NESBIT PLACE**
Apartment, Suite, Building, Etc.: **0000**
City/Town: **ALPHARETTA**
State/Territory: **GA**
ZIP Code: **30022**

Description of Requested Records

[Edit](#)

Requested Record 1 Details

Requested Record: **Verification of Social Security number**

Requested Record 2 Details

Requested Record: **Social Security benefit amounts**
Social Security benefit amount dates
From Date: **01/01/2022**
To Date: **06/30/2022**

Recipient Information

[Edit](#)

Recipient 1 Details

Name: **Jane Doe**
Phone Number: **(443) 123-4567**

Fax Number: *Not Answered*
Address: 123 Mulberry, Baltimore, Maryland 21044

Recipient 2 Details

Name: **Your Organization**
Phone Number: (443) 987-6543
Fax Number: *Not Answered*
Address: 123 Oak, Baltimore, Maryland 21044

Release Reason

[Edit](#)

The primary reason that I want this information released is for: **SSA claim or benefit application, appeal, or hearing**

Form SSA-3288-OP1, Consent for Disclosure of Records Protected Under the Privacy Act Preview

[Form Preview](#)

Electronic Signature

By signing below, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above and consenting to and authorizing the Social Security Administration to disclose my records, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine, imprisonment of not more than five years, or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. § 552a(i)(3) by a fine of not more than \$5,000.

I have read and agree with the above statement.

*By typing in my name, I understand and agree that my request will be signed electronically. I understand that my electronic signature has the same legal meaning, validity, and effect as my handwritten signature.

*Your Electronic Signature

Type your full name.

Signer:

Your Phone Number

Your phone number is not required for us to process this form. However, please provide this information in case we need to contact you about your request.

Today's Date

12/20/2022

[Submit](#)

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On the Review and Submit page, the user can review and update any of the information they have input so far, as well as view and print or save an unsigned version of the form (see appendix item #1). Once they are ready to submit the request, they can acknowledge the eSignature statement by checking the "signature" check box and sign the document by typing in their name. Providing a phone number is optional.

Confirmation:

Form SSA-3288-OP1, Consent for Disclosure of Records Protected Under the Privacy Act



You have successfully submitted the Form SSA-3288-OP1, Consent for Disclosure of Records Protected Under the Privacy Act

You may print or save a copy of the completed form for your records.

Who is responsible if the device you are using is not adequately safeguarded?

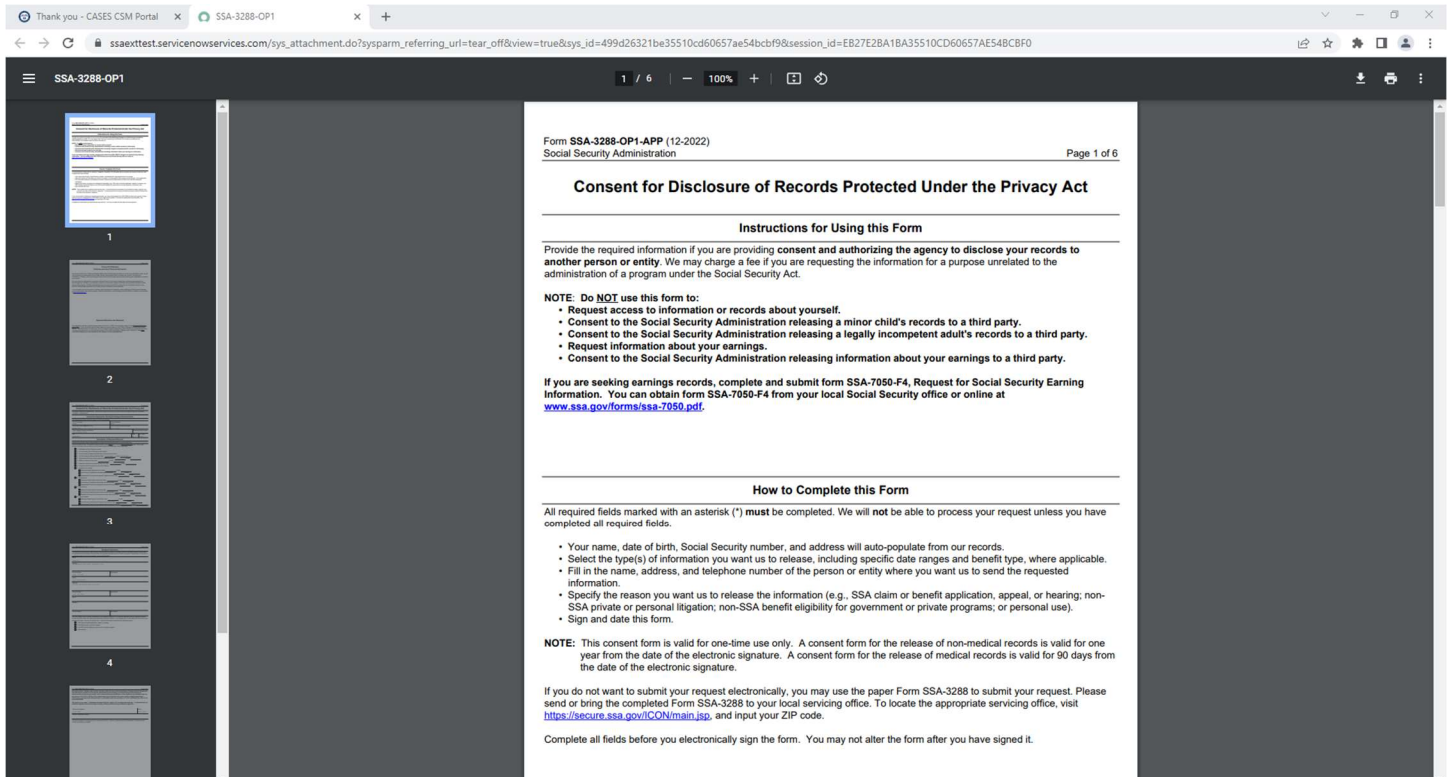
You accept that the responsibility to properly protect any information provided to you by Social Security is yours and that you are the responsible party should any information on or from your computer or other device be improperly disclosed. You agree that Social Security is not responsible for the improper disclosure of any information that Social Security has provided to you, whether due to your own negligence or the wrongful acts of others.

[Your completed Form SSA-3288-OP1, Consent for Disclosure of Records Protected Under the Privacy Act.](#)

[Exit](#)



Upon successful submission, the user receives a confirmation message and has an opportunity to open the signed form in a new web browser.



From the new window, the user can choose to print, save, or view and close the form. The downloaded form will include an eSignature audit page with the details of the signature (see Appendix Item #3).

Appendix:

1. PDF preview of the form before submitting

Form SSA-3288-OP1, Consent for Disclosure of Records Protected Under the Privacy Act Preview

×

Save

Form **SSA-3288-OP1-APP** (12-2022)
Social Security Administration

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Consent for Disclosure of Records Protected Under the Privacy Act

Instructions for Using this Form

Provide the required information if you are providing **consent and authorizing the agency to disclose your records to another person or entity**. We may charge a fee if you are requesting the information for a purpose unrelated to the administration of a program under the Social Security Act.

NOTE: Do NOT use this form to:

- Request access to information or records about yourself.
- Consent to the Social Security Administration releasing a minor child's records to a third party.
- Consent to the Social Security Administration releasing a legally incompetent adult's records to a third party.
- Request information about your earnings.
- Consent to the Social Security Administration releasing information about your earnings to a third party.

If you are seeking earnings records, complete and submit form SSA-7050-F4, Request for Social Security Earning Information. You can obtain form SSA-7050-F4 from your local Social Security office or online at www.ssa.gov/forms/ssa-7050.pdf.

How to Complete this Form

All required fields marked with an asterisk (*) **must** be completed. We will **not** be able to process your request unless you have completed all required fields.

- Your name, date of birth, Social Security number, and address will auto-populate from our records.
- Select the type(s) of information you want us to release, including specific date ranges and benefit type, where applicable.
- Fill in the name, address, and telephone number of the person or entity where you want us to send the requested information.
- Specify the reason you want us to release the information (e.g., SSA claim or benefit application, appeal, or hearing; non-SSA private or personal litigation; non-SSA benefit eligibility for government or private programs; or personal use).
- Sign and date this form.

NOTE: This consent form is valid for one-time use only. A consent form for the release of non-medical records is valid for one year from the date of the electronic signature. A consent form for the release of medical records is valid for 90 days from

If you do not want to submit your request electronically, you may use the paper Form SSA-3288 to submit your request. Please send or bring the completed Form SSA-3288 to your local servicing office. To locate the appropriate servicing office, visit <https://secure.ssa.gov/ICON/main.jsp>, and input your ZIP code.

Complete all fields before you electronically sign the form. You may not alter the form after you have signed it.

Privacy Act Statement Collection and Use of Personal Information

The Privacy Act (5 U.S.C. § 552a) and Section 205(a) of the Social Security Act allow us to collect your information, which we will use to process your authorization for the Social Security Administration (SSA) to release your records. Providing your information is voluntary, but not providing all or part of the information may prevent us from honoring your authorization to release your records.

We may share your information in accordance with the Privacy Act and other Federal laws, including to contractors, other Federal agencies, and others, as necessary, as listed in routine uses in System of Records Notices (SORN) 60-0089, entitled Claims Folders System; 60-0090, entitled Master Beneficiary Record; 60-0320, entitled Electronic Disability Claim File; and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits.

Your information may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and recouping debts under these programs. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

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 to 15 minutes to read the instructions, gather the facts, and answer the questions. 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.**

Consent for Disclosure of Records Protected Under the Privacy Act

You **must** complete all required fields. We will not be able to process your request unless all required fields are completed. (*Signifies a required field.)

Information Required for Identity-Proofing and Authentication

This information is required for the agency to verify your identity.

*Your First Name DINO	*Your Last Name BARYLSKI
*Your Date of Birth (MM/DD/YYYY)	*Your Full Social Security Number

*Your Date of Birth (MM/DD/YYYY) 07/10/1963		*Your Full Social Security Number ***-**-1504	
*Your Address (Number and Street) 13 NESBIT PLACE			Apartment/Suite Number 0000
City ALPHARETTA		State GA	ZIP Code 30022

Description of Requested Records

I authorize the Social Security Administration to release the following information or records about me.

*Check at least one box. If requesting medical records, select either box 7 or 8, but do not check both boxes. We will **not** release or disclose records unless you include date ranges and benefit type, where applicable.

- 1. Verification of Social Security number
- 2. Current monthly Social Security benefit amount
- 3. Current monthly Supplemental Security Income payment amount
- 4. Social Security benefit amounts from date 01/01/2022 to date 06/30/2022
- 5. Supplemental Security Income payment amounts from date _____ to date _____
- 6. Medicare entitlement from date _____ to date _____
- 7. Medical records from my claims folder(s) from date _____ to date _____
- 8. Complete medical records from my claims folder(s)
- 9. Application for benefits
 - Retirement benefit applications from date _____ to date _____
 - Social Security Disability benefit applications from date _____ to date _____
 - Supplemental Security Income payment applications from date _____ to date _____
- 10. Award notice
 - Retirement benefit award notices from date _____ to date _____
 - Social Security Disability benefit award notices from date _____ to date _____
 - Supplemental Security Income payment award notices from date _____ to date _____
- 11. Denial notice
 - Retirement benefit denial notices from date _____ to date _____
 - Social Security Disability benefit denial notices from date _____ to date _____
 - Supplemental Security Income payment denial notices from date _____ to date _____

12. Appeal requests

Retirement benefit appeal requests from date _____ to date _____

Social Security Disability benefit appeal requests from date _____ to date _____

Supplemental Security Income payment appeal requests from date _____ to date _____

Recipient Information

*I authorize the Social Security Administration to release the information or record(s) about me specified above to the person(s) or organization(s) listed below. (Please provide all requested information about at least one person or organization. If a person or organization does not have a fax number, leave that field blank)

Name:

Jane Doe

Address:

123 Mulberry, Baltimore, Maryland 21044

Phone Number:

(443) 123-4567

Fax Number:

Name:

Your Organization

Address:

123 Oak, Baltimore, Maryland 21044

Phone Number:

(443) 987-6543

Fax Number:

Name:

Address:

Phone Number:

Fax Number:

*We may charge a fee to release information for non-program purposes or for duplicate requests made for program purposes. Please select the reason for releasing the information from the list below. If we charge a fee, we will notify you of the amount you owe and will explain how you can pay this fee. I want this information released for the following reason:

- 1. SSA claim or benefit application, appeal, or hearing
- 2. Non-SSA private or personal litigation
- 3. Non-SSA benefit eligibility for government or private programs
- 4. Personal use

Form SSA-3288-OP1-APP (12-2022)

Page 5 of 6

By signing below, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above and consenting to and authorizing the Social Security Administration to disclose my records, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine, imprisonment of not more than five years, or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. § 552a(i)(3) by a fine of not more than \$5,000.

***By typing in my name, I understand and agree that my request will be signed electronically. I understand that my electronic signature has the same legal meaning, validity, and effect as my handwritten signature.**

Electronic signature has the same legal meaning, validity, and effect as my handwritten signature.

*Electronic Signature:

*Date:

Daytime Telephone Number:

Your phone number is not required for us to process this form. However, please provide this information in case we need to contact you about your request.

2. PDF version of the signed form

Consent for Disclosure of Records Protected Under the Privacy Act

Instructions for Using this Form

Provide the required information if you are providing **consent and authorizing the agency to disclose your records to another person or entity**. We may charge a fee if you are requesting the information for a purpose unrelated to the administration of a program under the Social Security Act.

NOTE: Do NOT use this form to:

- Request access to information or records about yourself.
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How to Complete this Form

All required fields marked with an asterisk (*) **must** be completed. We will **not** be able to process your request unless you have completed all required fields.

- Your name, date of birth, Social Security number, and address will auto-populate from our records.
- Select the type(s) of information you want us to release, including specific date ranges and benefit type, where applicable.
- Fill in the name, address, and telephone number of the person or entity where you want us to send the requested information.
- Specify the reason you want us to release the information (e.g., SSA claim or benefit application, appeal, or hearing; non-SSA private or personal litigation; non-SSA benefit eligibility for government or private programs; or personal use).
- Sign and date this form.

NOTE: This consent form is valid for one-time use only. A consent form for the release of non-medical records is valid for one year from the date of the electronic signature. A consent form for the release of medical records is valid for 90 days from the date of the electronic signature.

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Collection and Use of Personal Information**

The Privacy Act (5 U.S.C. § 552a) and Section 205(a) of the Social Security Act allow us to collect your information, which we will use to process your authorization for the Social Security Administration (SSA) to release your records. Providing your information is voluntary, but not providing all or part of the information may prevent us from honoring your authorization to release your records.

We may share your information in accordance with the Privacy Act and other Federal laws, including to contractors, other Federal agencies, and others, as necessary, as listed in routine uses in System of Records Notices (SORN) 60-0089, entitled Claims Folders System; 60-0090, entitled Master Beneficiary Record; 60-0320, entitled Electronic Disability Claim File; and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits.

Your information may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and recouping debts under these programs. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

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Consent for Disclosure of Records Protected Under the Privacy Act

You **must** complete all required fields. We will not be able to process your request unless all required fields are completed.
 (*Signifies a required field.)

Information Required for Identity-Proofing and Authentication

This information is required for the agency to verify your identity.

*Your First Name DINO		*Your Last Name BARYLSKI	
*Your Date of Birth (MM/DD/YYYY) 07/10/1963		*Your Full Social Security Number ***-**-1504	
*Your Address (Number and Street) 13 NESBIT PLACE		Apartment/Suite Number 0000	
City ALPHARETTA		State GA	ZIP Code 30022

Description of Requested Records

I authorize the Social Security Administration to release the following information or records about me.

*Check at least one box. If requesting medical records, select either box 7 or 8, but do not check both boxes. We will **not** release or disclose records unless you include date ranges and benefit type, where applicable.

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- 6. Medicare entitlement from date _____ to date _____
- 7. Medical records from my claims folder(s) from date _____ to date _____
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- 12. Appeal requests
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 - Social Security Disability benefit appeal requests from date _____ to date _____
 - Supplemental Security Income payment appeal requests from date _____ to date _____

Recipient Information

*I authorize the Social Security Administration to release the information or record(s) about me specified above to the person(s) or organization(s) listed below. (Please provide all requested information about at least one person or organization. If a person or organization does not have a fax number, leave that field blank)

Name:

Jane Doe

Address:

123 Mulberry, Baltimore, Maryland 21044

Phone Number:

(443) 123-4567

Fax Number:

Name:

Your Organization

Address:

123 Oak, Baltimore, Maryland 21044

Phone Number:

(443) 987-6543

Fax Number:

Name:

Address:

Phone Number:

Fax Number:

*We may charge a fee to release information for non-program purposes or for duplicate requests made for program purposes. Please select the reason for releasing the information from the list below. If we charge a fee, we will notify you of the amount you owe and will explain how you can pay this fee. I want this information released for the following reason:

- 1. SSA claim or benefit application, appeal, or hearing
- 2. Non-SSA private or personal litigation
- 3. Non-SSA benefit eligibility for government or private programs
- 4. Personal use

By signing below, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above and consenting to and authorizing the Social Security Administration to disclose my records, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine, imprisonment of not more than five years, or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. § 552a(i)(3) by a fine of not more than \$5,000.

***By typing in my name, I understand and agree that my request will be signed electronically. I understand that my electronic signature has the same legal meaning, validity, and effect as my handwritten signature.**

*Electronic Signature:

Dino Barylski

*Date:

12/20/2022

Daytime Telephone Number:

Your phone number is not required for us to process this form. However, please provide this information in case we need to contact you about your request.

Form SSA-3288-OP1, Consent for Disclosure of Records Protected Under the Privacy Act

Signature Details

Signature Date/Time: **2022-12-20 21:15:46 UTC**
Username: **FISU2W8V7N6F1N2S8U1**
IP Address: **137.200.0.112**
Social Security Number: *****.**-1504**
Name: **Dino Barylski**
Date of Birth: **07/10/1963**

I authorize the Social Security Administration to release the following information or records about me.

Acknowledged

By typing in my name, I understand and agree that my request will be signed electronically. I understand that my electronic signature has the same legal meaning, validity, and effect as my handwritten signature.

Dino Barylski

3. eSignature audit page (screenshot)

Form SSA-3288-OP1, Consent for Disclosure of Records Protected Under the Privacy Act

Signature Details

Signature Date/Time: 2022-12-20 21:15:46 UTC
Username: FISU2W8V7N6F1N2S8U1
IP Address: 137.200.0.112
Social Security Number: ***-**-1504
Name: Dino Barylski
Date of Birth: 07/10/1963

I authorize the Social Security Administration to release the following information or records about me.

Acknowledged

By typing in my name, I understand and agree that my request will be signed electronically. I understand that my electronic signature has the same legal meaning, validity, and effect as my handwritten signature.

Dino Barylski