

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.
- Request information about your earnings.
- Consent to the Social Security Administration releasing information about your earnings to a third party.
- 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.

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 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.

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, as amended, allow us to collect your information, which we will use to process your authorization for the Social Security Administration 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. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notice(s) (SORN) 60-0089, 60-0090, 60-0103, and 60-0320, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

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		*Your Last Name	
*Your Date of Birth (MM/DD/YYYY)		*Your Full Social Security Number	
*Your Address (Number and Street)			Apartment/Suite Number
City			State ZIP Code

Description of Requested Records

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

*Check at least one box.

1. ☐ Verification of Social Security number
2. Social Security benefit amount(s)
 - ☐ Current monthly Social Security benefit amount
 - ☐ Social Security benefit amounts from date _____ to date _____
3. Supplemental Security Income payment amount(s)
 - ☐ Current monthly Supplemental Security Income payment amount
 - ☐ Supplemental Security Income payment amounts from date _____ to date _____
4. Medicare entitlement
 - ☐ All Medicare entitlement
 - ☐ Medicare entitlement from date _____ to date _____
5. Medical records from my claims folder(s)
 - ☐ All medical records
 - ☐ Medical records from date _____ to date _____
6. Benefit or payment application(s)
 - a. Retirement benefit application(s)
 - ☐ All retirement benefit applications
 - ☐ Retirement benefit applications from date _____ to date _____
 - b. Social Security disability benefit application(s)
 - ☐ All Social Security disability benefit applications
 - ☐ Social Security disability benefit applications from date _____ to date _____
 - c. Supplemental Security Income payment application(s)
 - ☐ All Supplemental Security Income payment applications
 - ☐ Supplemental Security Income payment applications from date _____ to date _____

7. Award notice(s)

a. Retirement benefit award notice(s)

- ☐ All retirement benefit award notices
- ☐ Retirement benefit award notices from date _____ to date _____

b. Social Security disability benefit award notice(s)

- ☐ All Social Security disability benefit award notices
- ☐ Social Security disability benefit award notices from date _____ to date _____

c. Supplemental Security Income payment award notice(s)

- ☐ All Supplemental Security Income payment award notices
- ☐ Supplemental Security Income payment award notices from date _____ to date _____

8. Denial notice(s)

a. Retirement benefit denial notice(s)

- ☐ All retirement benefit denial notices
- ☐ Retirement benefit denial notices from date _____ to date _____

b. Social Security disability benefit denial notice(s)

- ☐ All Social Security disability benefit denial notices
- ☐ Social Security disability benefit denial notices from date _____ to date _____

c. Supplemental Security Income payment denial notice(s)

- ☐ All Supplemental Security Income payment denial notices
- ☐ Supplemental Security Income payment denial notices from date _____ to date _____

9. Appeal request(s)

a. Retirement benefit appeal request(s)

- ☐ All retirement benefit appeal requests
- ☐ Retirement benefit appeal requests from date _____ to date _____

b. Social Security disability benefit appeal request(s)

- ☐ All Social Security disability benefit appeal requests
- ☐ Social Security disability benefit appeal requests from date _____ to date _____

c. Supplemental Security Income payment appeal request(s)

- ☐ All Supplemental Security Income payment appeal requests
- ☐ 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:

Address:

Phone Number:

Fax Number:

Name:

Address:

Phone Number:

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. If we charge a fee, we will notify you of the amount you owe and will explain how you can pay this fee. Please select release 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

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, 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 checking this box, I am certifying that I am the person named above, and I am applying my electronic signature to this Consent for Release of Information, consenting to and authorizing the Social Security Administration to disclose my records.

I agree that my electronic signature has the same meaning, legal effect, and validity as my handwritten signature.

*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.