



Securing today  
and tomorrow

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

**Release 2**

**Webform Application**

**Screen Package**

**May 6, 2024**

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# Application Landing Page:

Privacy Home

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System of Records Notices (SORN)

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Submit a Privacy Act Request

Submit an Electronic Consent to Disclose Records

Privacy Impact Assessments

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Court Orders, Subpoenas, Law Enforcement Requests, and Other Legal Processes

Privacy Policies and Reports

Contact Us

**Submit an Electronic Consent to Disclose Records:**

If you are asking the Social Security Administration to disclose your records to another person or entity, you must submit a written consent. These instructions explain how you can submit the consent electronically on the Social Security Administration's website:

Once you verify your identity online, you may electronically complete and submit consent to disclose one or more of the records listed below to another person or entity.

To complete an electronic consent to disclose records:

- The records must be on the list below.
- The requester must be 18 years or older.
- The requester must be the record holder. We cannot accept electronic consent from someone completing the form on behalf of another individual.

You may submit an electronic consent to disclose the following record types:

- Verification of Social Security number
- Benefit or payment amount
- Medicare entitlement
- Medical records from my claims folder(s)
- Application(s) for benefits
- Award notice(s)
- Denial notice(s)
- Appeal request(s)

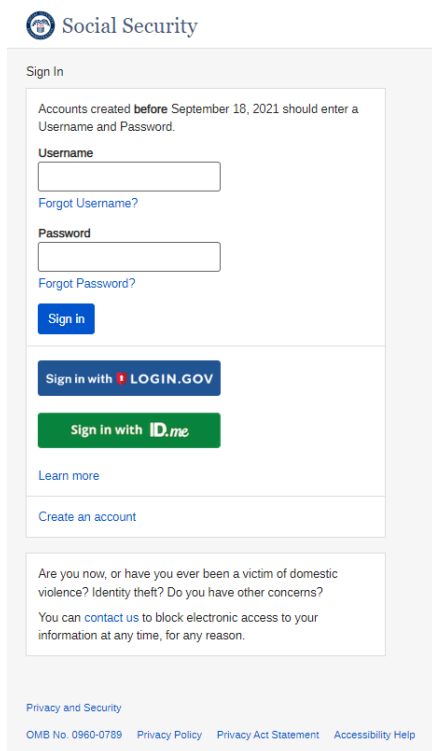
Please [click here](#) to submit your electronic consent to disclose records.

**All Other Requests:**

For additional information about how to submit a paper consent to disclose records and all other record requests, please see the following pages: [Submit a Privacy Act Request for Your or Another Person's Records](#) and [Make a Freedom of Information Act \(FOIA\) Request](#).

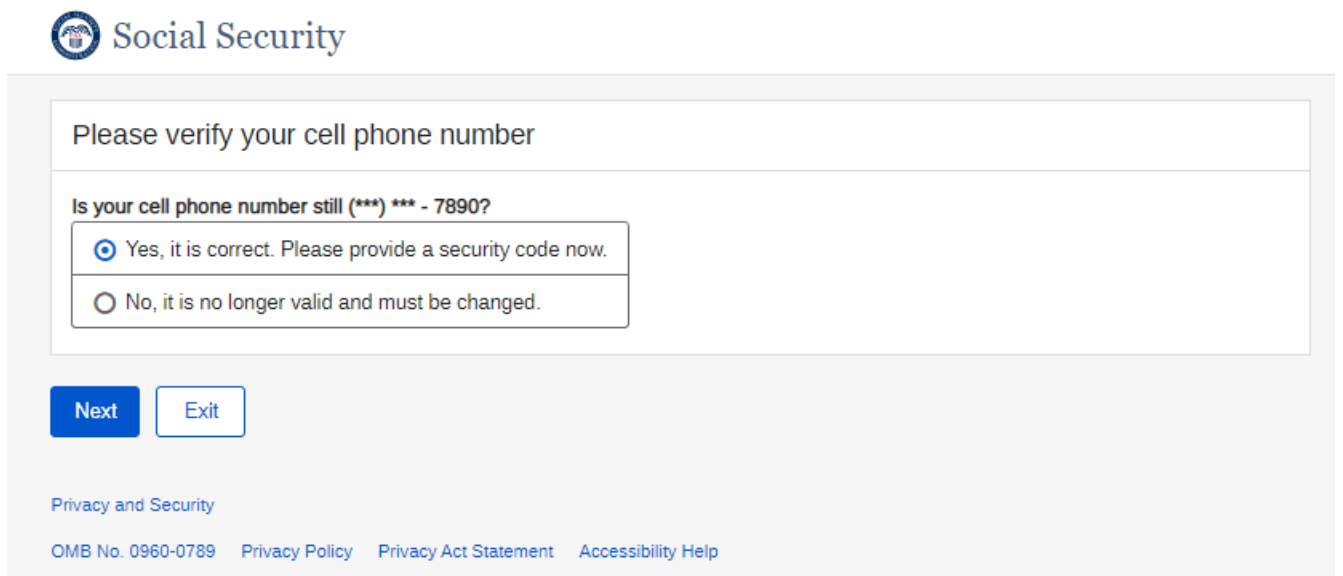
Users can access the SSA-3288-OP1 in two ways: 1) by typing in [ssa.gov/privacy](https://ssa.gov/privacy), selecting “Submit an Electronic Consent to Disclose Records”, then selecting the “click here” hyperlink on that page, or 2) by typing in search terms at [ssa.gov](https://ssa.gov) to find the Electronic Consent to Disclose Records link and then selecting the “click here” hyperlink on that page.

## Authentication:



The image shows the Social Security Administration's "Sign In" page. At the top is the Social Security logo. Below it, the heading "Sign In" is followed by a message: "Accounts created before September 18, 2021 should enter a Username and Password." There are two input fields: "Username" and "Password". Below each field is a link: "Forgot Username?" and "Forgot Password?". A blue "Sign In" button is positioned below the password field. Below this is a section with two buttons: "Sign in with LOGIN.GOV" (blue) and "Sign in with ID.me" (green). Below these buttons is a link "Learn more". At the bottom of the main content area is a link "Create an account". A separate box contains a message about domestic violence and identity theft, with a link "contact us". At the very bottom, there is a "Privacy and Security" link and a row of links: "OMB No. 0960-0789", "Privacy Policy", "Privacy Act Statement", and "Accessibility Help".

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



The image shows the Social Security Administration's cell phone verification screen. At the top is the Social Security logo. Below it, the heading "Please verify your cell phone number" is followed by a question: "Is your cell phone number still (\*\*\*) \*\*\* - 7890?". There are two radio button options: "Yes, it is correct. Please provide a security code now." (selected) and "No, it is no longer valid and must be changed.". Below these options are two buttons: "Next" (blue) and "Exit" (white with blue border). At the bottom, there is a "Privacy and Security" link and a row of links: "OMB No. 0960-0789", "Privacy Policy", "Privacy Act Statement", and "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.”



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

Previous

Exit

[Privacy and Security](#)

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

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



Social Security

### 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](#)

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

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

# Terms of Service:

 Social Security

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

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Consent to Disclose Privacy Act Protected Records

Consent to Disclose Privacy Act Protected Records

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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](#).

I agree to the Terms of Service

Decline

 SSA.gov

An official website of the Social Security Administration

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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.

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# Privacy Act Statement:

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

 **Social Security** Sign out

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**Privacy Act Statement**

**i** **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](http://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 select the “Next” button to continue.

## Instructions:

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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](http://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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After selecting “Next” on the Privacy Act statement, the user is presented with the Instructions for Using this Form. The user must select the “Next” button to continue.

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# Information Required for Identity-Proofing and Authentication:

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[Review and Submit](#)

### Information Required for Identity-Proofing and Authentication

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


**Name**  
ALICE CHOW

**Date of Birth**  
02/10/1970

**Your Social Security Number (SSN)**  
\*\*\*-\*\*-1209

**Your Address**  
616 ARCHDALE DR APT C  
CHARLOTTE, NC 28217

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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 selects 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.

-- Add Record

#### 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 selecting 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



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 “application for benefits” record type.

## Award Notice



\* Indicates required information

### Award 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 “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.

--

[Add Record](#)

#### Requested Records

##### Verification of Social Security Number

[Remove](#)

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

[Edit](#)

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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 selecting 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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### 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

**Name**  
Jane  
Doe

**Address**  
3226 Odonnell  
Baltimore, Maryland 21224

**Phone number**  
(123) 456-7890

**Fax Number**  
(123) 456-7890

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

#### Recipient Details 2

**Name**  
Your Organization

**Address**  
123 Oak  
Baltimore, Maryland 21228

**Phone number**  
(123) 456-7890

**Fax Number**  
Not Answered


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


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

## Release Reason:

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**Release Reason**

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\* Indicates required information

**Release Reason**

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

☒ SSA claim or benefit application, appeal, or hearing

☐ Non-SSA private or personal litigation


☐ Non-SSA benefit eligibility for government or private programs

☐ 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, select the Electronic Signature checkbox and then select Submit. Once you select 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: **ALICE**  
Last Name: **CHOW**  
Date of Birth: **02/10/1970**  
Social Security Number: **\*\*\*-\*\*-1209**

###### Address

Street Address: **616 ARCHDALE DR APT C**  
City/Town: **CHARLOTTE**  
State/Territory: **NC**  
ZIP Code: **28217**

###### 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: **(123) 456-7890**  
Fax Number: **(123) 456-7890**  
Address: **3226 Odonnell, Baltimore, Maryland 21224**

Recipient 2 Details

Name: **Your Organization**  
Phone Number: **(123) 456-7890**  
Fax Number: **Not Answered**  
Address: **123 Oak, Baltimore, Maryland 21228**

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

☐

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.

Your Phone Number

Your phone number is not required; however, please provide this information should we need to contact you regarding your request.


( ) -


Submit

Previous

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. Providing a phone number is optional.

## Confirmation:


 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

✓

**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

 **SSA.gov**  
An official website of the Social Security Administration

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

## 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](http://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.

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

## 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](http://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.

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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](http://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 ALICE	*Your Last Name CHOW	
*Your Date of Birth (MM/DD/YYYY) 02/10/1970	*Your Full Social Security Number ***-**-1209	
*Your Address (Number and Street) 616 ARCHDALE DR APT C	Apartment/Suite Number	
City CHARLOTTE	State NC	ZIP Code 28217

### 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:

3226 Odonnell, Baltimore, Maryland 21224

Phone Number:

(123) 456-7890

Fax Number:

(123) 456-7890

Name:

Your Organization

Address:

123 Oak, Baltimore, Maryland 21228

Phone Number:

(123) 456-7890

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

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.

## 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.
- Consent to the Social Security Administration releasing a minor child's records to a third party.
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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.

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### 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](http://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 ALICE	*Your Last Name CHOW		
*Your Date of Birth (MM/DD/YYYY) 02/10/1970	*Your Full Social Security Number ***-**-1209		
*Your Address (Number and Street) 616 ARCHDALE DR APT C	Apartment/Suite Number		
City CHARLOTTE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">State NC</td> <td style="width: 50%;">ZIP Code 28217</td> </tr> </table>	State NC	ZIP Code 28217
State NC	ZIP Code 28217		

### Description of Requested Records

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  - ☐ Retirement benefit applications from date \_\_\_\_\_ to date \_\_\_\_\_
  - ☐ Social Security Disability benefit applications from date \_\_\_\_\_ to date \_\_\_\_\_
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- ☐ 10. Award notice
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  - ☐ 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:

3226 Odonnell, Baltimore, Maryland 21224

Phone Number:

(123) 456-7890

Fax Number:

(123) 456-7890

Name:

Your Organization

Address:

123 Oak, Baltimore, Maryland 21228

Phone Number:

(123) 456-7890

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



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:

Electronically signed by ALICE CHOW

\*Date:

05/06/2024

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.

### 3. eSignature audit page (screenshot)

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

#### Signature Details

Signature Date/Time: 2024-05-06 15:53:31 UTC  
Username: TESTSERVICENOW2  
IP Address: 137.200.9.69  
Social Security Number: \*\*\*-\*\*-1209  
Name: ALICE CHOW  
Date of Birth: 02/10/1970

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

#### Acknowledged

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.

**SELECTED**