



Securing today
and tomorrow

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

Release 3.0

Webform Application

Screen Package

July 15, 2025

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Application Landing Page

Privacy Program

A Central Source For Information About SSA's Privacy Compliance Program

[Privacy Home](#)

[The Privacy Act of 1974](#)

[System of Records Notices \(SORN\)](#)

[Privacy Act Exemptions](#)

[Privacy Act Implementation Rules](#)

[Submit a Privacy Act Request](#)

[Submit an Electronic Consent to Disclose Records](#)

[Privacy Impact Assessments](#)

[Computer Matching Programs](#)

[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)

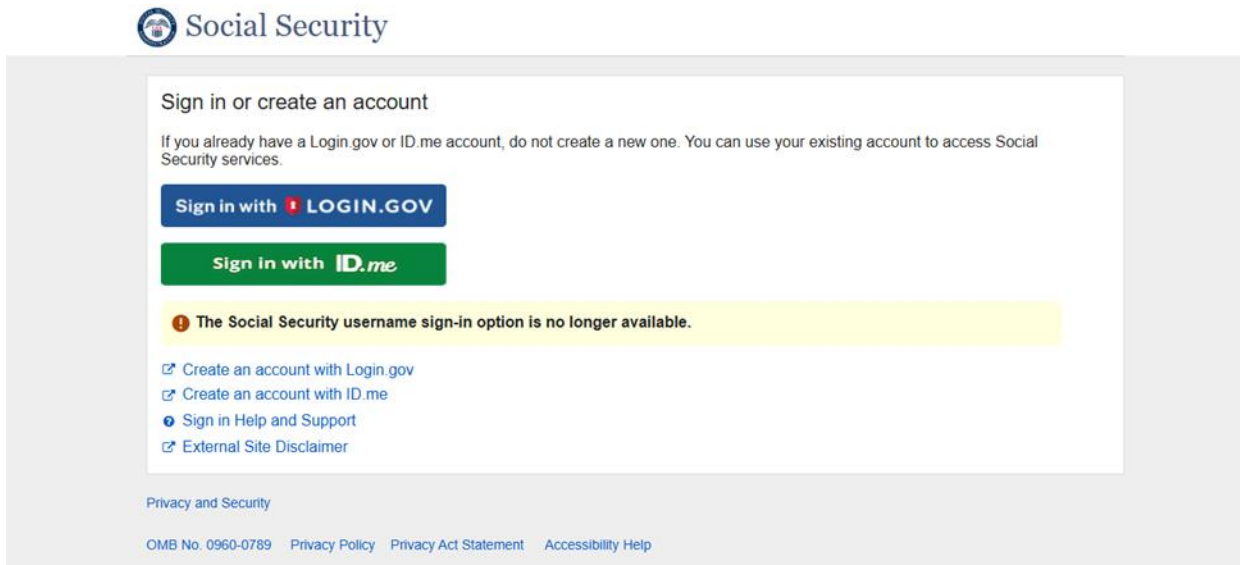
Please [click here](#) to submit your electronic consent to disclose records.

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, 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 to find the Electronic Consent to Disclose Records link and then selecting the “click here” hyperlink on that page.

Authentication



User is brought to the user login screen. User selects to sign in by clicking “Sign in with Login.gov” or “Sign in with ID.me”.¹

¹ The CASES Act application relies on SSA’s common identity proofing and authentication processes (including OMB No. 0960-0789, SSA’s *Public Credentialing and Authentication Process*) to meet the identity proofing and authentication requirements as laid out in the CASES Act and OMB M-21-04. To demonstrate a typical user experience for signing into the CASES application, we have included current, OMB-approved authentication screens on pages 4-5 of this package. These screens are external to the CASES Act application.

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 clicks the “Next” button.

Privacy Act Statement and Terms of Service

An official website of the United States government

Here's how you know

 Social Security

John D. | Sign out

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

Privacy Act Statement and Terms of Service

Identity-Proofing and Authentication

Description of Requested Records


Recipient Information

Release Reason

Review and Submit


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.

Terms of Service



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.

The OMB control number for this application is 0960-0566. The expiration date is April 2026.


- 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

OMB No. 0960-0566 FAQs Help

 SSA.gov
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Accessibility support

FOIA requests

Office of the Inspector General

Performance reports

Privacy policy

Civil Rights and Compliance

Office of the Chief Actuary

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After checking the box to agree to the General Terms of Service and clicking 'Next', the user will be presented with the Privacy Act Statement and 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.

SSA CASES Screen Package

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OMB Dialog

Paperwork Reduction Act ✕

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 (OMB) control number.

The OMB control number for this application is 0960-0566. The expiration date is April 2026.

We estimate that it will take about **10-15** minutes to read the instructions, gather the facts, and answer the questions.

You may send comments on our time estimate above to:

Social Security Administration
6401 Security Blvd.
Baltimore, MD 21235-6401

Send only comments relating to our time estimate to this address, not the completed form.

[Close](#)


If the user selects the OMB No. 0960-0566 link in the gray footer, a dialog displays **form specific** Paperwork Reduction Act information.

Help Dialog

Form Instructions

Provide the required information if you are giving 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.

- All fields marked with an asterisk (*) must be completed.
- The Social Security Administration (SSA) will not be able to process your request unless you have completed all required fields, electronically signed, and submitted the form.
- Complete all required fields before you electronically sign the form.
- You may not alter the form after you have signed it.

 **Do not use this form to:**

- Request access to information or records about yourself.
- Request information about your earnings.
- Consent to the SSA releasing information about your earnings to a third party.
- Consent to the SSA releasing a minor's records to a third party.
- Consent to the SSA 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 <http://www.ssa.gov/online/ssa-7050.pdf>.


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.

Close

If the user selects the Help link in the gray footer, a dialog displays Form Instructions.

Identity-Proofing and Authentication

 Social Security

John D. | Sign out

Privacy Act Statement and Terms of Service

Identity-Proofing and Authentication

Description of Requested Records

Recipient Information

Release Reason

Review and Submit

Identity-Proofing and Authentication

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

First Name

Jane

Last Name

Doe

Date of Birth

01/01/2001

Your Social Security Number (SSN)

***-**-6789

Your Address

1234 Street

Baltimore, MD 21227


Next

Previous

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

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

 Social Security John D. | Sign out

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

[Privacy Act Statement and Terms of Service](#)
[Identity-Proofing and Authentication](#)
[Description of Requested Records](#)
[Recipient Information](#)
[Release Reason](#)
[Review and Submit](#)

Description of Requested Records

A red asterisk (*) indicates a required field.

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

***Select Requested Record(s)**
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 Record(s)

You must add at least 1 type of record request.

Next

Previous

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
Social Security benefit amount(s)
Supplemental Security Income payment amount(s)
Medicare entitlement
Medical records from my claims folder(s)
Benefit or payment application(s)
Award notice(s)
Denial notice(s)
Appeal request(s)

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

Social Security Benefit Amount(s)

A red asterisk (*) indicates a required field.

***Social Security Benefit Amount(s)**

You may request either the current monthly Social Security benefit amount or Social Security benefit amounts within a date range.

- ☒ Current monthly Social Security benefit amount.
- ☐ Social Security benefit amounts From Date ____ To Date ____.

Cancel

Save

Social Security Benefit Amount(s)

A red asterisk (*) indicates a required field.

***Social Security Benefit Amount(s)**

You may request either the current monthly Social Security benefit amount or Social Security benefit amounts within a date range.

- ☐ Current monthly Social Security benefit amount.
- ☒ Social Security benefit amounts From Date ____ To Date ____.

Date Range

Please select a date range after 1935.

***From Date**

***To Date**

mm/dd/yyyy



mm/dd/yyyy



Cancel

Save

When adding the “Social Security benefit amount(s)” record type, users must either select the “Current monthly Social Security benefit amount” or provide a specific date range for the benefit amounts.

Supplemental Security Income Payment Amount(s)

A red asterisk (*) indicates a required field.

*Supplemental Security Income Payment Amount(s)

You may request either the current monthly Supplemental Security Income payment amount or Supplemental Security Income payment amounts within a date range.

- ☒ Current monthly Supplemental Security Income payment amount.
- ☐ Supplemental Security Income payment amounts From Date ____ To Date ____.

Cancel

Save

Supplemental Security Income Payment Amount(s)

A red asterisk (*) indicates a required field.

*Supplemental Security Income Payment Amount(s)

You may request either the current monthly Supplemental Security Income payment amount or Supplemental Security Income payment amounts within a date range.

- ☐ Current monthly Supplemental Security Income payment amount.
- ☒ Supplemental Security Income payment amounts From Date ____ To Date ____.

Date Range

Please select a date range after 1935.

*From Date

mm/dd/yyyy



*To Date

mm/dd/yyyy



Cancel

Save

When adding the “Supplemental Security Income payment amount(s)” record type, users must either select the “Current monthly Supplemental Security Income payment amount” or provide a specific date range for the payment amounts.

Medicare Entitlement

A red asterisk (*) indicates a required field.

* Medicare Entitlement

You may request either all Medicare entitlement or Medicare entitlement within a date range.

- ☒ All Medicare entitlement.
- ☐ Medicare entitlement From Date ____ To Date ____.

Cancel

Save

Medicare Entitlement

A red asterisk (*) indicates a required field.

* Medicare Entitlement

You may request either all Medicare entitlement or Medicare entitlement within a date range.

- ☐ All Medicare entitlement.
- ☒ Medicare entitlement From Date ____ To Date ____.

Date Range

Please select a date range after 1935.

* From Date

mm/dd/yyyy



* To Date

mm/dd/yyyy



Cancel

Save

When adding the “Medicare entitlement” record type, users must either select “All Medicare entitlement” or provide a specific date range for the Medicare entitlement information.

Medical Records from my Claims Folder(s)

A red asterisk (*) indicates a required field.

* Medical Records from my Claims Folder(s)

You may request either all medical records or medical records within a date range.

- ☒ All medical records from my claims folder(s).
- ☐ Medical records from my claims folder(s) From Date ____ To Date ____.

Cancel

Save

Medical Records from my Claims Folder(s)

A red asterisk (*) indicates a required field.

* Medical Records from my Claims Folder(s)

You may request either all medical records or medical records within a date range.

- ☐ All medical records from my claims folder(s).
- ☒ Medical records from my claims folder(s) From Date ____ To Date ____.

Date Range

Please select a date range after 1935.

* From Date

mm/dd/yyyy



* To Date

mm/dd/yyyy



Cancel

Save

When adding the “Medical Records from my Claims Folder(s)” record type, users must either select “All medical records from my claims folder(s)” or provide a specific date range for the medical records.

Benefit or Payment Application(s)

A red asterisk (*) indicates a required field.

Select one of the three Benefit Types below. Select Add Another to add additional Benefit Types. Each Benefit Type can only be chosen once.

Benefit or Payment Application 1

*Benefit Type

Add Another

Cancel

Save

Benefit or Payment Application(s)

A red asterisk (*) indicates a required field.

Select one of the three Benefit Types below. Select Add Another to add additional Benefit Types. Each Benefit Type can only be chosen once.

Benefit or Payment Application 1

*Benefit Type

-
- Social Security retirement
- Social Security disability
- Supplemental Security Income

Cancel

Save

Benefit or Payment Application(s)

A red asterisk (*) indicates a required field.

Select one of the three Benefit Types below. Select Add Another to add additional Benefit Types. Each Benefit Type can only be chosen once.

Benefit or Payment Application 1

*Benefit Type

Social Security retirement

*Social Security Retirement

You may request either all Social Security retirement benefit applications or Social Security retirement benefit applications within a date range.

☒ All Social Security retirement benefit applications.

☐ Social Security retirement benefit applications From Date ____
To Date ____.

Add Another

Cancel

Save

Benefit or Payment Application(s)

A red asterisk (*) indicates a required field.

Select one of the three Benefit Types below. Select Add Another to add additional Benefit Types. Each Benefit Type can only be chosen once.

Benefit or Payment Application 1

* **Benefit Type**

Social Security retirement

* **Social Security Retirement**

You may request either all Social Security retirement benefit applications or Social Security retirement benefit applications within a date range.

- ☐ All Social Security retirement benefit applications.
- ☒ Social Security retirement benefit applications From Date ____ To Date ____.

Date Range

Please select a date range after 1935.

* **From Date**

mm/dd/yyyy



* **To Date**

mm/dd/yyyy



Add Another

Cancel

Save

When adding the “Benefit or Payment Application(s)” record type, users must select a Benefit Type (i.e., Social Security retirement, Social Security disability or Supplemental Security Income) from the drop down. Then, users must either select “All [benefit type] applications” or provide a specific date range for the applications.

Award Notice(s)

A red asterisk (*) indicates a required field.

Select one of the three Benefit Types below. Select Add Another to add additional Benefit Types. Each Benefit Type can only be chosen once.

Award Notice 1

*Benefit Type

Add Another

Cancel

Save

Award Notice(s)

A red asterisk (*) indicates a required field.

Select one of the three Benefit Types below. Select Add Another to add additional Benefit Types. Each Benefit Type can only be chosen once.

Award Notice 1

*Benefit Type

--

Social Security retirement

Social Security disability

Supplemental Security Income

Cancel

Save

Award Notice(s)

A red asterisk (*) indicates a required field.

Select one of the three Benefit Types below. Select Add Another to add additional Benefit Types. Each Benefit Type can only be chosen once.

Award Notice 1

*Benefit Type

Social Security retirement ▼

*Social Security Retirement

You may request either all Social Security retirement benefit award notices or Social Security retirement benefit award notices within a date range.

☒ All Social Security retirement benefit award notices.

☐ Social Security retirement benefit award notices From Date ____
To Date ____.

Add Another

Cancel

Save

Award Notice(s)

A red asterisk (*) indicates a required field.

Select one of the three Benefit Types below. Select Add Another to add additional Benefit Types. Each Benefit Type can only be chosen once.

Award Notice 1

*Benefit Type

Social Security retirement

*Social Security Retirement

You may request either all Social Security retirement benefit award notices or Social Security retirement benefit award notices within a date range.

☐ All Social Security retirement benefit award notices.

☒ Social Security retirement benefit award notices From Date ____
To Date ____.

Date Range

Please select a date range after 1935.

*From Date

mm/dd/yyyy



*To Date

mm/dd/yyyy



Add Another

Cancel

Save

When adding the "Award Notice(s)" record type, users must select a Benefit Type (i.e., Social Security retirement, Social Security disability or Supplemental Security Income) from the drop down. Then, users must either select "All [benefit type] award notices" or provide a specific date range for the award notices.

Denial Notice(s)

A red asterisk (*) indicates a required field.

Select one of the three Benefit Types below. Select Add Another to add additional Benefit Types. Each Benefit Type can only be chosen once.

Denial Notice 1

*Benefit Type

Add Another

Cancel

Save

Denial Notice(s)

A red asterisk (*) indicates a required field.

Select one of the three Benefit Types below. Select Add Another to add additional Benefit Types. Each Benefit Type can only be chosen once.

Denial Notice 1

*Benefit Type

--
Social Security retirement
Social Security disability
Supplemental Security Income

Cancel

Save

Denial Notice(s)

A red asterisk (*) indicates a required field.

Select one of the three Benefit Types below. Select Add Another to add additional Benefit Types. Each Benefit Type can only be chosen once.

Denial Notice 1

***Benefit Type**

Social Security retirement

***Social Security Retirement**

You may request either all Social Security retirement benefit denial notices or Social Security retirement benefit denial notices within a date range.

☒ All Social Security retirement benefit denial notices.

☐ Social Security retirement benefit denial notices From Date _____
To Date _____.

Add Another

Cancel

Save

Denial Notice(s)

A red asterisk (*) indicates a required field.

Select one of the three Benefit Types below. Select Add Another to add additional Benefit Types. Each Benefit Type can only be chosen once.

Denial Notice 1

*Benefit Type

Social Security retirement

*Social Security Retirement

You may request either all Social Security retirement benefit denial notices or Social Security retirement benefit denial notices within a date range.

☐

All Social Security retirement benefit denial notices.

☒

Social Security retirement benefit denial notices From Date ____
To Date ____.

Date Range

Please select a date range after 1935.

*From Date

mm/dd/yyyy



*To Date

mm/dd/yyyy



Add Another

Cancel

Save

When adding the “Denial Notice(s)” record type, users must select a Benefit Type (i.e., Social Security retirement, Social Security disability or Supplemental Security Income) from the drop down. Then, users must either select “All [benefit type] denial notices” or provide a specific date range for the denial notices.

Appeal Request(s)

A red asterisk (*) indicates a required field.

Select one of the three Benefit Types below. Select Add Another to add additional Benefit Types. Each Benefit Type can only be chosen once.

Appeal Request 1

*Benefit Type

Add Another

Cancel

Save

Appeal Request(s)

A red asterisk (*) indicates a required field.

Select one of the three Benefit Types below. Select Add Another to add additional Benefit Types. Each Benefit Type can only be chosen once.

Appeal Request 1

*Benefit Type

--

Social Security retirement

Social Security disability

Supplemental Security Income

Cancel

Save

Appeal Request(s)

A red asterisk (*) indicates a required field.

Select one of the three Benefit Types below. Select Add Another to add additional Benefit Types. Each Benefit Type can only be chosen once.

Appeal Request 1

***Benefit Type**

Social Security retirement

***Social Security Retirement**

You may request either all Social Security retirement benefit appeal requests or Social Security retirement benefit appeal requests within a date range.

☒ All Social Security retirement benefit appeal requests.

☐ Social Security retirement benefit appeal requests From Date ____
To Date ____.

Add Another

Cancel

Save

Appeal Request(s)

A red asterisk (*) indicates a required field.

Select one of the three Benefit Types below. Select Add Another to add additional Benefit Types. Each Benefit Type can only be chosen once.

Appeal Request 1

*Benefit Type

Social Security retirement ▼

*Social Security Retirement

You may request either all Social Security retirement benefit appeal requests or Social Security retirement benefit appeal requests within a date range.

☐

All Social Security retirement benefit appeal requests.

☒

Social Security retirement benefit appeal requests From Date ____
To Date ____.

Date Range

Please select a date range after 1935.

*From Date

mm/dd/yyyy



*To Date

mm/dd/yyyy



Add Another

Cancel

Save

When adding the “Appeal Request(s)” record type, users must select a Benefit Type (i.e., Social Security retirement, Social Security disability or Supplemental Security Income) from the drop down. Then, users must either select “All [benefit type] appeal requests” or provide a specific date range for the appeal requests.



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

[Privacy Act Statement and Terms of Service](#)

[Identity-Proofing and Authentication](#)

Description of Requested Records

[Recipient Information](#)

[Release Reason](#)

[Review and Submit](#)

Description of Requested Records

A red asterisk (*) indicates a required field.

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

*Select Requested Record(s)

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 Record(s)

Benefit or payment application(s) for Social Security retirement from 01/01/2024 to 06/03/2024
All Social Security disability benefit applications

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

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OMB No. 0960-0566

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

Add Recipients

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

 Social Security John D. | Sign out

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

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Recipient Information

A red asterisk (*) indicates a required field.

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.

*** Add Recipient(s)**
Provide all required information for at least one person or organization. You may add up to three recipients.


[Add Recipient](#)

Recipient Details

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

[Next](#) [Previous](#)

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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 Recipient

✕

A red asterisk (*) indicates a required field.

*Recipient

☐ Person

☐ Organization/Company

Cancel

Save

Add Person

Add Recipient

✕

A red asterisk (*) indicates a required field.

*Recipient

☒ Person

☐ Organization/Company

Name

*First

*Last

Address

*Street Address

Apartment, Suite, Building, Etc.

*City/Town

*State[/Territory]

--

*ZIP Code

Phone Number

() -

Fax Number

() -

Cancel

Save

Add Organization/Company

Add Recipient ✕

A red asterisk (*) indicates a required field.

*** Recipient**

☐ Person

☒ Organization/Company

Name

*** Organization/Company**

Address

*** Street Address** Apartment, Suite, Building, Etc.

*** City/Town** *** State[/Territory]** *** ZIP Code**

Phone Number

Fax Number

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

Privacy Act Statement and
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Identity-Proofing and
Authentication

Description of Requested
Records

Recipient Information

Release Reason

Review and Submit

Recipient Information

A red asterisk (*) indicates a required field.

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.

* Add Recipient(s)

Provide all required information for at least one person or organization. You may add up to three recipients.

Recipient Details

Name

John Doe

Address

4321 Street
Baltimore, MD 21227

Phone Number

(123) 456-0000

Fax Number

(123) 456-0000

 Edit

 Remove

Name

Your Organization

Address

123 Street
Baltimore, MD 21227

Phone Number

(456) 789-0000

Fax Number

(456) 789-0000

 Edit

 Remove

Name

Average Joe

Address

321 Street
Baltimore, MD 21227

Phone Number

(321) 456-0000

Fax Number

(321) 456-0000

 Edit

 Remove

Next

Previous

OMB No. 0960-0566

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

Release Reason

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Social Security

John D. | Sign out

Privacy Act Statement and Terms of Service

Identity-Proofing and Authentication

Description of Requested Records

Recipient Information

Release Reason

Review and Submit

Release Reason

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.

A red asterisk (*) indicates a required field.

*Select Release Reason

☒ 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

Next

Previous

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

Review and Submit

Privacy Act Statement and Terms of Service

Identity-Proofing and Authentication

Description of Requested Records

Recipient Information

Release Reason

Review and Submit

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

Review and Submit

A red asterisk (*) indicates a required field.

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.

Identity-Proofing and Authentication

Name

Jane Doe

Your Social Security Number (SSN)

***-**-6789

Date of Birth

01/01/2001

Your Address

1234 Street
Baltimore, MD 21227

Description of Requested Records

Requested Record 1 Details

Requested Record

Benefit or payment application 1

Requested Record

Benefit or payment application 2

Requested Record

Benefit or payment application 3

Benefit Type

Social Security retirement

Benefit Type

Social Security disability

Benefit Type

Supplemental Security Income

Date Range

All Social Security retirement benefit applications.

Date Range

06/01/2020 to 10/31/2024

Date Range

06/01/2020 to 10/31/2024

Requested Record 2 Details

Requested Record

Social Security benefit amount(s).

Date Range

Current monthly Social Security benefit amount.

Requested Record 3 Details

Requested Record

Medical records from my claims folder(s)

Date Range

06/01/2020 to 10/31/2024

Recipient Information

Recipient 1 Details

Name

John Doe

Phone Number

(123) 456-0000

Address

4321 Street
Baltimore, MD 21227

Fax Number

(123) 456-0000

Recipient 2 Details

Name

Your Organization

Phone Number

(456) 789-0000

Address

123 Street
Baltimore, MD 21227

Fax Number

(456) 789-0000

Recipient 3 Details

Name

Average Joe

Phone Number

(321) 456-0000

Address

321 Street
Baltimore, MD 21227

Fax Number

(321) 456-0000

Release Reason

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

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SSA CASES Screen Package

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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, print, or save an unsigned version of the form (see appendix item #1). Once they are ready to submit the request, they can electronically sign the form by checking the box next to the eSignature statement. Providing a phone number is optional.

Confirmation

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


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

Exit

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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. From the new window, the user can choose to print, save, or view and close the signed 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.
- 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 Jane | | *Your Last Name Doe | |
| *Your Date of Birth (MM/DD/YYYY) 01/01/2001 | | *Your Full Social Security Number ***-**-6789 | |
| *Your Address (Number and Street) 1234 Street | | | Apartment/Suite Number |
| City Baltimore | | | State MD |
| | | | ZIP Code 21227 |

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 06/01/2020 to date 10/31/2024
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 06/16/2020 to date 10/31/2024
 - c. Supplemental Security Income payment application(s)
 - ☐ All Supplemental Security Income payment applications
 - ☒ Supplemental Security Income payment applications from date 06/01/2020 to date 10/31/2024

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:

John Doe

Address:

4321 Street, Baltimore, MD 21227

Phone Number:

123-456-0000

Fax Number:

123-456-0000

Name:

Your Organization

Address:

123 Street, Baltimore, MD 21227

Phone Number:

456-789-0000

Fax Number:

456-789-0000

Name:

Average Joe

Address:

321 Street, Baltimore, MD 21227

Phone Number:

321-456-0000

Fax Number:

321-456-0000

*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.

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:

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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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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 Jane | | *Your Last Name Doe | |
| *Your Date of Birth (MM/DD/YYYY) 01/01/2001 | | *Your Full Social Security Number ***-**-6789 | |
| *Your Address (Number and Street) 1234 Street | | Apartment/Suite Number | |
| City Baltimore | | State MD | ZIP Code 21227 |

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 06/01/2020 to date 10/31/2024
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 _____
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 - ☒ 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 06/16/2020 to date 10/31/2024
 - c. Supplemental Security Income payment application(s)
 - ☐ All Supplemental Security Income payment applications
 - ☒ Supplemental Security Income payment applications from date 06/01/2020 to date 10/31/2024

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:

John Doe

Address:

4321 Street, Baltimore, MD 21227

Phone Number:

123-456-0000

Fax Number:

123-456-0000

Name:

Your Organization

Address:

123 Street, Baltimore, MD 21227

Phone Number:

456-789-0000

Fax Number:

456-789-0000

Name:

Average Joe

Address:

321 Street, Baltimore, MD 21227

Phone Number:

321-456-0000

Fax Number:

321-456-0000

*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:

Electronically signed by:
Jane Doe

*Date:

02/12/2025

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

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

Signature Details

Name: Jane Doe

Signature Date/Time: 02/12/2025 02:51:45 PM (GMT-5)

Username: JANEDOE2

IP Address: 123.456.78.9

Social Security Number: ***-**-6789

Date Of Birth: 01/01/2001

I authorize the Social Security Administration to release the requested information or records about me. 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: ☒