Consent for Release of Information / General

TO: Social Security Administration

______________________________ ____________________ ____________________________
Name Date of Birth Social Security Number

I authorize the Social Security Administration to release information or records about me via facsimile, phone, email or postal correspondence, to:

NAME	ADDRESS

I want this information released because:

I need to have accurate and current information about my benefits to learn how these benefits would be affected by work. This will allow me to make informed decisions about working. This consent is valid for twelve (12) months from the date of signature.

Please release the following information:

_____ Social Security Number
_____ Identifying information (includes date and place of birth, parents' names)
__X__ Monthly Social Security benefit amount
__X__ Monthly Supplemental Security Income payment amount
_____ Information about benefits/payments I received from ___________to__________
_____ Information about my Medicare claim/coverage from ___________to__________
(specify)____
_____ Medical records
_____ Record(s) from my file (specify)____
__X__ Other (specify): See below.

Cash: Type of benefit(s), current payment status, date of disability onset, impairment(s) of record, date of entitlement, gross & net amount of benefits, others paid on the record/applicable auxiliary benefits, total family cash benefit, overpayment balance, monthly amount withheld, benefit termination date and reason benefit terminated. Is the current entitlement under ExR?
Medical Reviews: Last medical review, next scheduled medical review, current medical re-exam cycle
Representation: Representative payee, authorized representative
Health Insurance: Type of Medicare (A, B, part C/D), eligibility date, enrollment or start date, amount of premium(s) withheld, stop date, buy-in and subsidy, 1619b status
Title XVI Exclusions: Blind work expenses, impairment related work expenses, student earned income exclusion, PASS exclusion(s)
Title II Exclusions: Number of trial work months used and month/year of use, month of cessation
Ticket to Work: Ticket eligibility and assignment status. Ticket assigned to whom?

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature:____
(Show signatures, names and addresses of two people if signed by mark.)

Date: ________________________ Relationship: ______________________________

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