Form Approved OMB No. 0960-0566

THE SAME SPECIFIES ACCUMINISH A	ontion	
O: Social Security Administra	uon	
Name	Date of Birth	Social Security Number
authorize the Social Security Administrati	ion to release information	or records about me to:
NAME	ADDRESS	
	<del>,</del>	
	·	
	·	
want this information released because:		
Wallt tills intormation research		
There may be a charge for releasing information.)		
Please release the following information:		
Social Security Number		
11 .: Charles and American Concludes of	iate and place of birth, pa	rents' names)
Monthly Social Security benefit an Information about benefits/paymen	nount	
Information about benefits/paymen	aim/coverage from	to
Information about my Medicare Cl		
(specify)		
(specify)		
(specify)  Medical records  Record(s) from my file (specify)		
(specify)  Medical records  Record(s) from my file (specify)		
(specify) Medical records Record(s) from my file (specify) Other (specify)		
(specify)  Medical records  Record(s) from my file (specify)  Other (specify)  I am the individual to whom the information. I know that if I make any representation.	ion/record applies or that	person's parent (if a minor) or legas false to obtain information from
(specify)  Medical records  Record(s) from my file (specify)  Other (specify)  am the individual to whom the information of the specific part of the specifi	ion/record applies or that	person's parent (if a minor) or legas false to obtain information from
(specify)  Medical records  Record(s) from my file (specify)  Other (specify)  I am the individual to whom the informatiguardian. I know that if I make any repressocial Security records, I could be punish	ion/record applies or that sentation which I know i led by a fine or imprisonr	person's parent (if a minor) or legas s false to obtain information from nent or both.
(specify) Medical records Record(s) from my file (specify) Other (specify) I am the individual to whom the information guardian. I know that if I make any repressocial Security records, I could be punish	ion/record applies or that sentation which I know i led by a fine or imprisonr	person's parent (if a minor) or lega s false to obtain information from nent or both.
(specify)  Medical records  Record(s) from my file (specify)  Other (specify)  arm the individual to whom the informatiguardian. I know that if I make any represocial Security records, I could be punish	ion/record applies or that sentation which I know i ted by a fine or imprisons cople if signed by mark.)	person's parent (if a minor) or lega s false to obtain information from nent or both.
(specify)  Medical records  Record(s) from my file (specify)  Other (specify)  I am the individual to whom the informatiguardian. I know that if I make any represocial Security records, I could be punish  Signature:  (Show signatures, names, and addresses of two perfections)	ion/record applies or that sentation which I know i led by a fine or imprisons cople if signed by mark.)	person's parent (if a minor) or lega s false to obtain information from nent or both.
(specify)  Medical records  Record(s) from my file (specify)	ion/record applies or that sentation which I know i led by a fine or imprisons cople if signed by mark.)	person's parent (if a minor) or legates to obtain information from nent or both.