

To: SOCIAL SECURITY ADMINISTRATION

\_\_\_\_\_  
Name Date of Birth Social Security Number

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

NAME ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I want this information released because:

\_\_\_\_ Pretrial Supervision  
\_\_\_\_ Presentence Investigation  
\_\_\_\_ Other \_\_\_\_\_

(There may be a charge for releasing information)

**Please release the following information:**

\_\_\_\_ Social Security Number  
\_\_\_\_ Identifying information (includes date and place of birth, parents' names)  
\_\_\_\_ Monthly Social Security benefit amount  
\_\_\_\_ Monthly Supplemental Security Income payment  
\_\_\_\_ 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): \_\_\_\_\_  
\_\_\_\_ Work/Wage History from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_ Other (specify): \_\_\_\_\_

I am the individual to whom the information/record applies or the parent or legal guardian of that person. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

**Signature:** \_\_\_\_\_  
(Show signature, names and addresses of two people if signed by mark)

**Date:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_