

**Social Security Administration
Consent for Release of Information**

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:

Records Acquisition Services, Inc. (RAS) so that RAS may further release the information to my attorney, _____; RAS may further release and disseminate the information to all counselors appearing or intervening in the below referenced legal action, *but only according to the terms of an "Agreed Order for the Copying and Inspection of Records by Records Acquisition Services, Inc." entered in that action.*

Legal Action: _____

I want this information released because:

It is discoverable in a pending legal action.

Please release the following information:

- Social Security Number
- Identifying information (includes date and place of birth, parent's names)
- Monthly Social Security benefit amount
- Monthly Supplemental Security Income payment amount
- Information about benefits/payments I received during the past 10 years
- Information about my Medicare claim/coverage during the past 10 years
- Medical records
- Records from my file (specify): All records regarding disability or SSI benefits
- Other (specify): _____

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 of 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 a mark.)

Date: _____ Relationship: _____