Social Security Administration

**Consent** **for** **Release** **of** **Information**

**Instructions** **for** **Using** **this** **Form**

Form Approved OMB No. 0960-0566

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor child, you may complete this form to release only the minor's non-medical records. We may charge a fee for providing information unrelated to the administration of a program under the Social Security Act.

**NOTE:** Do not use this form to:

• Request the release of medical records on behalf of a minor child. Instead, visit your local Social Security office or call our toll-free number, 1-800-772-1213 (TTY-1-800-325-0778), or

• Request detailed information about your earnings or employment history. Instead, complete and mail form SSA-7050-F4. You can obtain form SSA-7050-F4 from your local Social Security office or online at [www.ssa.gov/online/ssa-7050.pdf](http://www.ssa.gov/online/ssa-7050.pdf).

**How** **to** **Complete** **this** **Form**

We will not honor this form unless all required fields are completed. An asterisk (\*) indicates a required field. Also, we will not honor blanket requests for "any and all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form. We may charge a fee to release information for non-program purposes.

• Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the requested information pertains.

• Fill in the name and address of the person or organization where you want us to send the requested information.

• Specify the reason you want us to release the information.

• Check the box next to the type(s) of information you want us to release including the date ranges, where applicable.

• You, the parent or the legal guardian acting on behalf of a minor child or legally incompetent adult, must sign and date this form and provide a daytime phone number.

• If you are not the individual to whom the requested information pertains, state your relationship to that person. We may require proof of relationship.

**PRIVACY** **ACT** **STATEMENT**

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. We will use the information you provide to respond to your request for access to the records we maintain about you or to process your request to release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent. We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, the Privacy Act (5 U.S.C. § 552a(b)) permits us to disclose the information you provide on this form in accordance with approved routine uses, which include but are not limited to the following:

1.To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and or coverage; 2.To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; 3.To comply with Federal laws requiring the disclosure of the information from our records; and,

4.To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. We use information from these matching programs to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of incorrect payments or overpayments under these programs. Additional information regarding this form, routine uses of information, and other Social Security programs is available on our Internet website, www.socialsecurity.gov, or at your local Social Security office.

**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 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND** **OR** **BRING** **THE** **COMPLETED** **FORM** **TO** **YOUR** **LOCAL** **SOCIAL** **SECURITY** **OFFICE.** **You** **can** **find** **your** **local** **Social** **Security** **office** **through** **SSA's** **website** **at** www.socialsecurity.gov**.** **Offices** **are** **also** **listed** **under** **U.S.** **Government** **agencies** **in** **your** **telephone** **directory** **or** **you** **may** **call** **1-800-772-1213** **(TYY** **1-800-325-0778).** 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.***

**Form** **SSA-3288** (07-2013) EF (07-2013) Destroy Prior Editions

Social Security Administration

**Consent** **for** **Release** **of** **Information**

Form Approved OMB No. 0960-0566

You must complete all required fields. We will not honor your request unless all required fields are completed. *(\*signifies* *a* *required* *field).*

**TO:** **Social** **Security** **Administration**

**\*My** **Full** **Name** **\*My** **Date** **of** **Birth** **\*My** **Social** **Security** **Number** **(MM/DD/YYYY)**

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

**\*NAME** **OF** **PERSON** **OR** **ORGANIZATION:** **\*ADDRESS** **OF** **PERSON** **OR** **ORGANIZATION:**

**\*I** **want** **this** **information** **released** **because:**

We may charge a fee to release information for non-program purposes.

**\*Please** **release** **the** **following** **information** **selected** **from** **the** **list** **below:**

You must specify the records you are requesting by checking at least one box. We will not honor a request for "any and all records" or "my entire file." Also, we will not disclose records unless you include the applicable date ranges where requested.

1. Social Security Number

2. Current monthly Social Security benefit amount

3. Current monthly Supplemental Security Income payment amount

4. My benefit or payment amounts from date to date

5. My Medicare entitlement from date to date

6. Medical records from my claims folder(s) from date to date

If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.

7. Complete medical records from my claims folder(s)

8. Other record(s) from my file **(you** **must** **specify** **the** **records** **you** **are** **requesting,** **e.g.,** **doctor** **report,** **application,** **determination** **or** **questionnaire)**

**I** **am** **the** **individual,** **to** **whom** **the** **requested** **information** **or** **record** **applies,** **or** **the** **parent** **or** **legal** **guardian** **of** **a** **minor,** **or** **the** **legal** **guardian** **of** **a** **legally** **incompetent** **adult.** **I** **declare** **under** **penalty** **of** **perjury** **(28** **CFR** **§** **16.41(d)(2004))** **that** **I** **have** **examined** **all** **the** **information** **on** **this** **form,** **and** **any** **accompanying** **statements** **or** **forms,** **and** **it** **is** **true** **and** **correct** **to** **the** **best** **of** **my** **knowledge.** **I** **understand** **that** **anyone** **who** **knowingly** **or** **willfully** **seeks** **or** **obtain** **access** **to** **records** **about** **another** **person** **under** **false** **pretenses** **is** **punishable** **by** **a** **fine** **of** **up** **to** **$5,000.** **I** **also** **understand** **that** **I** **must** **pay** **all** **applicable** **fees** **for** **requesting** **information** **for** **a** **non-program-related** **purpose.**

**\*Signature:**

**\*Address:**

**Relationship** **(if** **not** **the** **subject** **of** **the** **record):**

**\*Date:**

**\*Daytime** **Phone:**

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

**Form** **SSA-3288** (07-2013) EF (07-2013)