

Social Security Administration  
Consent for Release of Information

Form Approved  
OMB No. 0960-0566

SSA will not honor this form unless all required fields have been completed (\*signifies required field).  
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

Vickey Dudgeon, CWIC, Univ. of Oklahoma

\*ADDRESS

3200 Marshall, Suite 201, Norman, OK 73072 fax 405-325-1632

\*\* Beneficiaries in the 918 area code use toll free number 1-866-608-8873

Rockey Humphrey, CWIC, Univ. of Oklahoma

3200 Marshall, Suite 201, Norman, OK 73072 fax 405-325-1632

Pat Faulkenberry, CWIC, Univ. of Oklahoma

3200 Marshall, Suite 201, Norman, OK 73072 fax 405-325-1632

\*I want this information released because: I am planning on going to work and need this information for benefits planning. Please send me a Benefits Planning Query.

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

*You must check at least one box. Also, SSA will not disclose records unless applicable date ranges are included.*

- Social Security Number
- Current monthly Social Security benefit amount
- Current monthly Supplemental Security Income payment amount
- My benefit/payment amounts from \_\_\_\_\_ to \_\_\_\_\_
- My Medicare entitlement from \_\_\_\_\_ to \_\_\_\_\_
- Medical records from my claims folder(s) from \_\_\_\_\_ to \_\_\_\_\_  
*If you want SSA to release a minor's medical records, do not use this form but instead contact your local SSA office.*
- Complete medical records from my claims folder(s)
- Other record(s) from my file (e.g. applications, questionnaires, consultative examination reports, determinations, etc.)My cash benefits, Health Insurance, Medical Review dates, Representation, SSI & SSDI Work Activity and earnings. Benefits Planning Query (BPQY); All Employment Supports on SSA records.

I am the individual to whom the requested information/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 in accordance with 28 C.F.R. § 16.41(d)(2004) that I have examined all the information on this form, and on 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 seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that any applicable fees must be paid by me.

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

Relationship (if not the individual): \_\_\_\_\_ \*Daytime Phone: \_\_\_\_\_