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 of release information or records about me to:
          NAME   **ADDRESS**

        PRO MED   P.O. Box 941870
                                              Maitland, FL 32794-1870

I want this information released because:

To establish my Social Security Disability status and date of entitlement, my Medicare status and date of entitlement and the basis for entitlement (disability or age) for the purpose of assisting with my Workers' Compensation claim settlement.

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 amount
_____ Information about benefits/payments I received from_____ to _____
_____ Information about my Medical claim/coverage from _____ to _____
       (specify) _____
_____ Medical records
_____ Records from my file (specify)_____
       _____
_X__ Other (specify)__**Social Security entitlement status, date of SS entitlement or date of application if still pending, basis for entitlement (disability or age), Medicare status, date of entitlement for Medicare A and B, Supplemental Security Income entitlement, Medicaid entitlement, If not a current Social Security recipient, include number of quarters.**

I am the individual to whom the information/records applies or that person's parent (if a minor) or legal guardian. 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 signatures, names, and addresses of two people if signed by mark.)

Date: _____   Relationship: _____
Form **SSD-3288** (5-2007) EF (5-2007)

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Please read these instructions carefully before completing this form.

When to Use This Form	**Complete this form only if you want the Social Security Administration to give information or records about you to an individual or group (for example, a doctor or an insurance company).**

Natural or adoptive parents or a legal guardian, acting on behalf of a minor, who want us to release the minor's:
- **nonmedical** records, should use this form.
- medical records, should not use this form, but should contact us.

Note: Do not use this form to request information about your earnings or employment history. To do this, complete Form SSA-7050-F4. You can get this form at any Social Security office.

How to Complete This consent form must be completed and signed only by:
- the person to whom the information or records applies, or
- the parent or legal guardian of a minor to whom the **non-medical** information applies.

To complete this form:
- Fill in the name, date of birth, and Social Security Number of the person to whom the information applies.
- Fill in the name and address of the individual or group to which we will send the information.
- Fill in the reason you are requesting the information.
- Check the type(s) of information you want us to release.
- Sign and date the form. If you are not the person whose records we will release, please state your relationship to that person.

PRIVACY ACT NOTICE: The Privacy Act notice requires us to notify you that we are authorized to collect this information by section 3 of the Privacy Act. You do not have to provide the information requested. However, we cannot release information or records about you to another person or organization without your consent for release of information. Your records are confidential. We will release only records that you authorize, and only to persons or organizations who you authorize to receive that information.

PAPERWORK REDUCTION ACT STATEMENT: This information collection meets the clearance 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. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** *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.*

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Form **SSA-3328** (5-2007) EF (5-2007)