

Social Security Administration
Consent for Release of Information

TO: Social Security Administration

Name	Date of Birth	Social Security Number
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I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS
Novare	P.O. Box 0991, Madisonville LA 70447

I want this information released because:

To establish my Social Security Disability status, entitlement to Medicare, and the basis of the entitlement to Medicare for the purposes of settling my Worker's Compensation claim.

(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 amount
- 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) _____ Date of Medicare entitlement, basis for entitlement, and whether or not Medicare has paid any claims or filed any liens
- Other (specify) _____ date applied for Social Security benefits, status of my application, date Social Security benefits started, amount of initial benefit paid, and whether or not any offset pursuant to 42 U.S.C. Section 424 has been taken.

I am the individual to whom the information/record 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: _____