

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

Rodney Lester Larson September 27, 1944 478-52-1117
*Name *Date of Birth *Social Security Number

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

*NAME

ADP

*ADDRESS

2205 Enterprise Drive, Suite C, Florence, SC 29501

*I want this information released because: It will be used as supporting documentation for the
There may be a charge for releasing information.
Work Opportunity Tax Credit.

*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.) _____

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:

Rodney Lester Larson

*Date:

June 3, 2013

Relationship (if not the individual): _____

*Daytime Phone: _____