

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

NuQuest/Bridge Pointe

*ADDRESS

PO Box 915619

Longwood, FL 32791-5619

(P) 866-858-7161 (F) 407-389-0299

*I want this information released because: To determine my eligibility or entitlement for SSDI and Medicare.

There may be a charge for releasing information.

*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.) Verify Social Security entitlement, date of SS entitlement or date of application if pending, date of denial, date of appeal, status of appeal, basis for entitlement (disability or age), name of representative payee if assigned, number of eligible work quarters, if quarters adequate for Social Security benefits, Medicare status, Medicare number, date of entitlement for Medicare part A and B, and/or FACT QUERY, SEQY.

I understand the FACT query includes all personal and benefit information regarding myself and family members who applied for Social Security benefits on my record. The information contained on this record may include and is not limited to: eligibility and entitlement to benefits on this or any other record, Social Security number, date of birth, address, telephone number, direct deposit banking data, monthly benefit amounts, benefit rate changes, worker's compensation, public disability and annuity information, Medicare data, citizenship information, history of benefits payable and amounts paid, overpayment and underpayment of benefits on the record, work information, prisoner data, Supplemental Security Income data, tax withholding, garnishment of benefits, special payments and messages, and attorney fees.

I understand the Summary Earnings query (SEQY) includes personal and earnings information regarding myself. The information contained on the record may include and is not limited to: Social Security number, date of birth, and a history of my Social Security earnings reported to my Social Security record by the IRS.

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: _____