

DISCLOSURE/CONFIDENTIALITY OF INFORMATION

Form SSA-3288 Social Security Administration Consent for Release of Information

TO: **Social Security Administration**

Name _____ Date/Birth _____ Social Security # _____

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

Ms. Beverly G. Manley
Law Offices of Beverly Manley & Associates, P.C.
P. O. Box 450534
Atlanta, GA 31145-0534
770-493-4167

I want this information released because:

There is a need to establish the date of my SSDI entitlement, my Medicare status, date of entitlement for Medicare, and basis for entitlement (disability or age). Is there a representative payee designated to receive benefits on this beneficiary's behalf? If so, provide representative payee name.

Please release the following information:

- _____ Social Security Number
- _____ Identifying information (includes date and place of birth, parent's names)
- _____ Monthly Social Security benefit amount
- _____ Monthly Supplemental Security Income payment amount
- _____ Information about benefits/payments I received from
- _____ Information about my Medicare claim/coverage from
- _____ Medical records
- _____ Record(s) from my file (specify) _____

Other (specify) **Current SSDI payment status; Date SSDI payment started; Date applied for SSD benefits; Medicare Health Insurance Claim# (HICN#); Current SSDI payment amount; Medicare Parts A, B & D entitlement dates; Social Security entitlement status; date of entitlement or date of application if still pending, basis for entitlement, Medicare status; verify date of birth**

I am the individual to whom the information/record applies, parent or the legal guardian of that person. I know that if I make any representation which I know is false to obtain information from Social Security, I could be punished by a fine or imprisonment or both.

Signature: _____
(Show signatures, names and address of two people if signed by mark)

Date: _____ Relationship: _____

This information may be faxed to Law Offices of Beverly Manley & Assoc: FAX# 770-934-2021
SSA-3288