

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). With regard to my Workers' Compensation claim, there is a need to determine if Medicare has any recovery rights for conditional payment of work injury related medical services.

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) **Social Security entitlement status, date of entitlement or date of application if still pending, basis for entitlement, Medicare status, date of entitlement for Medicare, Supplemental Security Income entitlement, date of entitlement for Medicaid. If not a current Social Security recipient, include number of quarters paid in.**

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: _____