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
Shamrock Bail Bonds, LLC

*ADDRESS
1528 Broadway Ft. Myers, FL 33901

*I want this information released because: _____
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.) any and all for location purposes

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: _____