Authorization to Release Social Security Earnings Information

1)   My name is: _____ ,
                    (*Please print your name*)

My Social Security Number is: _____ ,

I authorize the Social Security Administration to release copies of documents and/or information, as described below, from my confidential records, maintained by the Social Security Administration, to:

_____ ,
       (*Please print recipient's name*)

whose mailing address, telephone number and fax number is:

Street Address: _____

City:_____ State:_____ Zip Code:_____

Telephone: (_____)_____

Fax: (_____)_____

2)   <u>Records/information to release:</u>
☐   Earnings information for the following years:

_____

_____

☐   Other:

_____

_____

3)   <u>Authorization</u>: (*Please sign your name below to release documents and information to recipient noted above.*)

_____
(*Your Signature*)   (*Date*)

This authorization expires in 60 days.

Please return the original signed copy of this form to the Social Security Administration Office.