

Social Security Administration
Consent for Release of Information

TO: Social Security Administration

Name	Date of Birth	Social Security Number
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I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS
<u>MSP Solutions</u>	<u>999 18th Street, Suite #3100, Denver, CO, 80202</u>
<u>(A division of Ritsema & Lyon, P.C.)</u>	<u>999 18th Street, Suite #3100, Denver CO, 80202</u>
_____	_____
_____	_____

I want this information released because:

To establish my Social Security Disability status, date of entitlement to Medicare and basis for Medicare entitlement (disability or age) for the purposes of my Workers' Compensation Claim (There may be a charge for releasing information.)

Please release the following information:

- Social Security Number
- Identifying information (includes date and place of birth, parents' names)
- Monthly Social Security benefit amount
- Monthly Supplemental Security Income payment amount
- Information about benefits/payments I received from _____ to _____
- Information about my Medicare claim/coverage from See below to _____
(specify) If a current Medicare and/or Medicaid Beneficiary, please provide entitlement dates.
- Medical records
- Record(s) from my file (specify) _____
- Social security entitlement status, date of ss entitlement or date of application if still _____
- Other (specify) pending, basis for entitlement, Medicare/Medicaid status and date of entitlement, If not a current Medicare beneficiary, include number of eligible quarters.

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature: _____

(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: _____