

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
Gould & Lamb, LLC	101 Riverfront Boulevard, Suite 100
(941) 798-2098	Bradenton, FL 34205

This information may be faxed to Gould & Lamb, LLC. Fax # (941) 798-3403

* Gould & Lamb, LLC will be responsible for any charges that may apply for release of information. *

I want this information released because:

To establish my Social Security Disability status, date of entitlement to Medicare, and the basis for Medicare entitlement (disability or age) for the purpose of my Workers' Compensation or Liability 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 _____ to _____
(specify) _____
- Medical records
- Record(s) from my file (specify) _____

Other (specify) Medicare Health Insurance Claim # (HICN #), SSDI entitlement date, Medicare Part A, B & D, entitlement dates, date applied for disability Benefits, date SSDI payment started, current SSDI payment status, and current SSDI payment amount.

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: _____