

Social Security Administration  
**Consent Release of Information**

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Please read these instructions carefully before completing this form.

**When To Use  
This Form**

Complete this form only if you want the Social Security Administration to give information or records about you to an individual or group (for example, a doctor, or an insurance company). This form should also be used to request quarters of coverage information.

Natural or adoptive parents or a legal guardian, acting on behalf of a minor, who want us to release the minor's:

nonmedical records, should use this form.  
medical records, should not use this form, but should contact us.

Note: Do not use this form to request information about your earnings or employment history. To do this, complete Form SSA-7050-F3. You can get this form at any Social Security office.

**How to  
Complete  
This Form**

This consent form must be completed and signed only by:

the person to whom the information or record applies, or  
the parent or legal guardian of a minor to whom the  
**nonmedical** information applies, or  
the legal guardian of a legally incompetent adult to whom  
the information applies.

To complete this form:

Fill in the name, date of birth, and social security number of the person to whom the information applies.

Fill in the name and address of the individual or group to which we will send the information.

Fill in the reason you are requesting the information.

Check the type(s) of information you want us to release.

Sign and date the form. If you are not the person whose record we will release, please state your relationship to that person.