

**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) Records/information to release:

Earnings information for the following years:

\_\_\_\_\_  
\_\_\_\_\_

Other:

\_\_\_\_\_  
\_\_\_\_\_

3) Authorization: (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.*