

Authorization for Release of Social Security Information

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, born on **[Your Date of Birth]**, residing at **[Your Address]**, hereby authorize the Social Security Administration to release the requested information regarding my Social Security records.

The information should be sent to:

[Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]

This authorization is valid until **[Expiration Date]**.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Full Name]
[Your Signature]