

Consent to Access Social Security Records

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, born on **[Your Date of Birth]**, residing at **[Your Address]**, hereby provide my consent for **[Name of the Individual or Organization]** to access my Social Security records.

This consent covers the period of **[Start Date]** to **[End Date]**.

I understand that this information will be used for **[Specify Purpose, e.g., application processing, verification, etc.]**.

By signing below, I authorize the release of my Social Security records to the aforementioned individual or organization.

Signature: _____

Printed Name: _____

Contact Information: _____

Thank you for your attention to this matter.

Sincerely,
