

## **SOCIAL SECURITY ADMINISTRATION CONSENT FOR RELEASE OF INFORMATION and REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION**

The September 11th Victim Compensation Fund ("VCF") will contact the Social Security Administration ("SSA") directly to request information that is pertinent to determining your VCF compensation award. In order to request the information from the SSA, this cover page and the two (2) attached forms must be completed, signed, and returned to the VCF. You can print the forms and complete them by hand or type the information directly into the forms, then print, sign, and date the forms and upload them to your claim.

**Please carefully follow the instructions below when completing these forms.**

**Step 1:** Enter the victim's name, VCF claim number, and Social Security Number in the designated spaces at the bottom of this page.

**Step 2:** Review the two-page "**Social Security Administration Consent for Release of Information**" form. To make it easier for you to complete this form, the VCF has already completed many of the required sections. Please fill in the following information on Page 2 of this form:

- Victim's Name, Date of Birth, and Social Security Number in the spaces at the top of the page.
- Complete the section at the bottom of the page by signing, dating, and providing your daytime phone number.
- If you are not the victim (i.e., if you are completing this form as the Personal Representative of a decedent, the parent or guardian or a minor, or the guardian or a non-minor), please indicate your relationship to the victim in the "Relationship" field.

**Step 3:** Review the four-page "**Request for Social Security Earnings Information**" form. To make it easier for you to complete this form, the VCF has already completed many of the required sections and has marked certain sections as "Not Applicable". Please fill in the following information on Page 2 of this form:

- **Section 1:** Write the Victim's Name, Social Security Number, Other Name(s) Used (if applicable), and Date of Birth in the spaces provided.
- **Section 4:** Sign, date, and write your daytime phone number.

*You do not need to complete any other parts of this form.*

**Step 4:** Upload this page and both signed SSA forms in their entirety to your online claim and select "Exhibit 1: Social Security Administration Form" as the document type. If you filed a hard copy claim, mail the forms to:

September 11th Victim Compensation Fund  
P.O. Box 34500  
Washington, DC 20043

**Please do NOT send these forms directly to the Social Security Administration.**  
*Doing so may delay the processing of your VCF claim.*

Victim's Full Name: \_\_\_\_\_

Victim's Social Security Number: - -

VCF Claim Number: VCF

**Instructions for Using this Form**

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor child, you may complete this form to release only the minor's non-medical records. We may charge a fee for providing information unrelated to the administration of a program under the Social Security Act.

**NOTE:** Do not use this form to:

- Request the release of medical records on behalf of a minor child. Instead, visit your local Social Security office or call our toll-free number, 1-800-772-1213 (TTY-1-800-325-0778), or
- Request detailed information about your earnings or employment history. Instead, complete and mail form SSA-7050-F4. You can obtain form SSA-7050-F4 from your local Social Security office or online at [www.ssa.gov/online/ssa-7050.pdf](http://www.ssa.gov/online/ssa-7050.pdf).

**How to Complete this Form**

We will not honor this form unless all required fields are completed. An asterisk (\*) indicates a required field. Also, we will not honor blanket requests for "any and all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form. We may charge a fee to release information for non-program purposes.

- Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the requested information pertains.
- Fill in the name and address of the person or organization where you want us to send the requested information.
- Specify the reason you want us to release the information.
- Check the box next to the type(s) of information you want us to release including the date ranges, where applicable.
- You, the parent or the legal guardian acting on behalf of a minor child or legally incompetent adult, must sign and date this form and provide a daytime phone number.
- If you are not the individual to whom the requested information pertains, state your relationship to that person. We may require proof of relationship.

**PRIVACY ACT STATEMENT**

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. We will use the information you provide to respond to your request for access to the records we maintain about you or to process your request to release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent. We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, the Privacy Act (5 U.S.C. § 552a(b)) permits us to disclose the information you provide on this form in accordance with approved routine uses, which include but are not limited to the following:

1. To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and or coverage;
2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level;
3. To comply with Federal laws requiring the disclosure of the information from our records; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. We use information from these matching programs to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of incorrect payments or overpayments under these programs. Additional information regarding this form, routine uses of information, and other Social Security programs is available on our Internet website, [www.socialsecurity.gov](http://www.socialsecurity.gov), or at your local Social Security office.

**PAPERWORK REDUCTION ACT STATEMENT**

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

**Consent for Release of Information**

You must complete all required fields. We will not honor your request unless all required fields are completed. (\*signifies a required field).

**TO: Social Security Administration**

**\*My Full Name**

**\*My Date of Birth  
(MM/DD/YYYY)**

**\*My Social Security Number**

I authorize the Social Security Administration to release information or records about me to:

**\*NAME OF PERSON OR ORGANIZATION:**

**\*ADDRESS OF PERSON OR ORGANIZATION:**

U.S. Department of Justice

September 11th Victim Compensation Fund

P.O. Box 34500

Washington, D.C. 20043

**\*I want this information released because:** It relates to my claim as to the Victim Compensation Fund  
We may charge a fee to release information for non-program purposes.  
for the purpose of evaluating my claim with the Victim Compensation Fund.

**\*Please release the following information selected from the list below:**

You must specify the records you are requesting by checking at least one box. We will not honor a request for "any and all records" or "my entire file." Also, we will not disclose records unless you include the applicable date ranges where requested.

1.  Social Security Number
2.  Current monthly Social Security benefit amount
3.  Current monthly Supplemental Security Income payment amount
4.  My benefit or payment amounts from date My D/O/B to date Present
5.  My Medicare entitlement from date \_\_\_\_\_ to date \_\_\_\_\_
6.  Medical records from my claims folder(s) from date \_\_\_\_\_ to date \_\_\_\_\_  
If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.
7.  Complete medical records from my claims folder(s)
8.  Other record(s) from my file (**you must specify the records you are requesting, e.g., doctor report, application, determination or questionnaire**)  
Including applications, questionnaires, determinations, and diagnosis codes.

**I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form, and any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeks or obtain access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.**

**\*Signature:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_

**\*Address:** \_\_\_\_\_

**Relationship (if not the subject of the record):** \_\_\_\_\_ **\*Daytime Phone:** \_\_\_\_\_

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness	2. Signature of witness
Address(Number and street, City, State, and Zip Code)	Address(Number and street, City, State, and Zip Code)

**REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION**

\*Use This Form If You Need

**1. Certified/Non-Certified Detailed Earnings Information**

Includes periods of employment or self-employment and the names and addresses of employers.

**OR****2. Certified Yearly Totals of Earnings**

Includes total earnings for each year but does not include the names and addresses of employers.

**DO NOT USE THIS FORM TO REQUEST YEARLY EARNINGS TOTALS**

Yearly earnings totals are FREE to the public if you do not require certification.

To obtain FREE yearly totals of earnings, visit our website at [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount).

**Privacy Act Statement  
Collection and Use of Personal Information**

Section 205 of the Social Security Act, as amended, authorizes us to collect the information on this form. We will use the information you provide to identify your records and send the earnings information you request. Completion of this form is voluntary; however, failure to do so may prevent your request from being processed.

We rarely use the information in your earnings record for any purpose other than for determining your entitlement to Social Security benefits. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs.

A complete list of routine uses for earnings information is available in our Systems of Records Notices entitled, the Earnings Recording and Self-Employment Income System (60-0059), the Master Beneficiary Record (60-0090), and the SSA-Initiated Personal Earnings and Benefit Estimate Statement (60-0224).

In addition, you may choose to pay for the earnings information you requested with a credit card. 31 C.F.R. Part 206 specifically authorizes us to collect credit card information. The information you provide about your credit card is voluntary. Providing payment information is only necessary if you are making payment by credit card. You do not need to fill out the credit card information if you choose another means of payment (for example, by check or money order). If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and the Social Security Administration's (SSA) account.

Routine uses applicable to credit card information, include but are not limited to:

(1) to enable a third party or an agency to assist Social Security to effect a salary or an administrative offset or to an agent of SSA that is a consumer reporting agency for preparation of a commercial credit report in accordance with 31 U.S.C. §§ 3711, 3717 and 3718; and (2) to a consumer reporting agency or debt collection agent to aid in the collection of outstanding debts to the Federal Government.

A complete list of routine uses for credit card information is available in our System of Records Notice entitled, the Financial Transactions of SSA Accounting and Finance Offices (60-0231). The notice, additional information regarding this form, routine uses of information, and our programs and systems is available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 11 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to:** SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

# REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

1. Provide your name as it appears on your most recent Social Security card or the name of the individual whose earnings you are requesting.

First Name:

Middle Initial:

Last Name:

Social Security Number (SSN)                      -                      -                      One SSN per request

Date of Birth:                      /                      /                      Date of Death:                      /                      /

Other Name(s) Used  
(Include Maiden Name)

2. What kind of earnings information do you need? (Choose **ONE** of the following types of earnings or SSA must return this request.)

**Itemized Statement of Earnings XXX**

(Includes the names and addresses of employers)

If you check this box, tell us why you need this information below.

It relates to my claim with the Victim Compensation Fund for the purpose of evaluating my claim with the Victim Compensation Fund.

Year(s) Requested: 

1	9	9	8
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 to 

N	O	W	
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Year(s) Requested: 

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 to 

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Check this box if you want the earnings information **CERTIFIED** for an additional \$56.00 fee.

**Certified Yearly Totals of Earnings \$56**

(Does not include the names and addresses of employers)  
Yearly earnings totals are FREE to the public if you do not require certification. To obtain FREE yearly totals of earnings, visit our website at [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount).

Year(s) Requested: 

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 to 

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Year(s) Requested: 

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 to 

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3. If you would like this information **sent to someone else**, please fill in the information below.

I authorize the Social Security Administration to release the earnings information to:

Name U.S. Department of Justice September 11th Victim Compensation Fund

Address	P.O. Box 34500	State	D.C.
City	Washington	ZIP Code	20043

4. I am the individual to whom the record pertains (or a person authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

<b>Signature AND Printed Name of Individual or Legal Guardian</b>	SSA must receive this form within 120 days from the date signed
	Date:                      /                      /
Relationship (if applicable, you must attach proof)	Daytime Phone:
Address	State
City	ZIP Code

Witnesses must sign this form **ONLY** if the above signature is by marked (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State and ZIP Code)	Address (Number and Street, City, State and ZIP Code)

# REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

## INFORMATION ABOUT YOUR REQUEST

You may use this form to request earnings information for **only ONE** Social Security Number (SSN)

### How do I get my earnings statement?

You must complete the attached form. Tell us the specific years of earnings you want, type of earnings record, and provide your mailing address. The itemized statement of earnings will be mailed to ONE address, therefore, if you want the statement sent to someone other than yourself, provide their address in section 3. Mail the completed form to SSA within 120 days of signature. If you sign with an "X", your mark must be witnessed by two impartial persons who must provide their name and address in the spaces provided.

Select **ONE** type of earnings statement and include the appropriate fee.

#### 1. Certified/Non-Certified Itemized Statement of Earnings

This statement includes years of self-employment or employment and the names and addresses of employers.

#### 2. Certified Yearly Totals of Earnings

This statement includes the total earnings for each year requested but *does not* include the names and addresses of employers.

If you require one of each type of earnings statement, you must complete two separate forms. Mail each form to SSA with one form of payment attached to each request.

### How do I get someone else's earnings statement?

You may get someone else's earnings information if you meet one of the following criteria, attach the necessary documents to show your entitlement to the earnings information and include the appropriate fee.

#### 1. Someone Else's Earnings

The natural or adoptive parent or legal guardian of a minor child, or the legal guardian of a legally declared incompetent individual, may obtain earnings information if acting in the best interest of the minor child or incompetent individual. You must include proof of your relationship to the individual with your request. The proof may include a birth certificate, court order, adoption decree, or other legally binding document.

#### 2. A Deceased Person's Earnings

You can request earnings information from the record of a deceased person if you are:

- The legal representative of the estate;
- A survivor (that is, the spouse, parent, child, divorced spouse of divorced parent); or
- An individual with a material interest (e.g., financial) who is an heir at law, next of kin, beneficiary under the will or donee of property of the decedent.

You must include proof of death and proof of your relationship to the deceased with your request.

### Is There A Fee For Earnings Information?

Yes. We charge a \$136 fee for providing information for purposes unrelated to the administration of our programs.

#### 1. Certified or Non-Certified Itemized Statement of Earnings

In most instances, individuals request Itemized Statements of Earnings for purposes unrelated to our programs such as a private pension plan or personal injury suit. Bulk submitters may email [OCO.Pension.Fund@ssa.gov](mailto:OCO.Pension.Fund@ssa.gov) for an alternate method of obtaining itemized earnings information.

We will **certify** the itemized earnings information for an additional \$50.00 fee. Certification is usually not necessary unless you are specifically requested to obtain a certified earnings record.

Sometimes, there is no charge for itemized earnings information. If you have reason to believe your earnings are not correct (for example, you have previously received earnings information from us and it does not agree with your records), we will supply you with more detail for the year(s) in question. Be sure to show the year(s) involved on the request form and explain why you need the information. If you do not know why you need the information, we will help you.

#### 2. Certified Yearly Totals of Earnings

We charge \$56 to certify yearly totals of earnings. However, if you do not want or need certification, you may obtain yearly totals **FREE** of charge at [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount). Certification is usually not necessary unless you are advised specifically to obtain a certified earnings record.

#### Method of Payment

**This Fee Is Not Refundable. DO NOT SEND CASH.**

You may pay by credit card, check or money order.

##### • Credit Card Instructions

Complete the credit card section on page 4 and return it with your request form.

##### • Check or Money Order Instructions

Enclose one check or money order per request form payable to the Social Security Administration and write the Social Security number in the memo.

### How long will it take SSA to process my request?

Please allow SSA 120 days to process this request. After 120 days, you may contact 1-800-772-1213 to leave an inquiry regarding your request.

**Not Applicable**

**Not Applicable**

## REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

**Where do I send my complete request?**

Mail the completed form, supporting documentation, and applicable fee to:

**Social Security Administration**  
 Division of Earnings Record Operations  
 P.O. Box 33003  
 Baltimore, Maryland 21290-3003

If using private contractor such as FedEx mail form, supporting documentation and applicable fee to:

**Social Security Administration**  
 Division of Earnings Record Operations  
 6100 Wabash Ave.  
 Baltimore, Maryland 21215

**How much do I have to pay for an Itemized Statement of Earnings?**

Non-Certified Itemized Statement of Earnings	Certified Itemized Statement of Earnings
\$136.00	\$192.00

**How much do I have to pay for Certified Yearly Totals of Earnings?**

Certified yearly totals of earnings cost \$16.00. You may obtain non-certified yearly totals *FREE* of charge at [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount). Certification is usually not necessary unless you are specifically asked to obtain a certified earnings record.

### YOU CAN MAKE YOUR PAYMENT BY CREDIT CARD

As a convenience, we offer you the option to make your payment by credit card. However, regular credit card rules will apply. You may also pay by check or money order. Make check payable to Social Security Administration.

CHECK ONE

# Not Applicable

- Visa                       American Express  
 MasterCard               Discover

Credit Card Holder's Name  
 (Enter the name from the credit card)

\_\_\_\_\_  
 First Name, Middle Initial, Last Name

Credit Card Holder's Address

\_\_\_\_\_  
 Number & Street

\_\_\_\_\_  
 City, State, & ZIP Code

Daytime Telephone Number

(     )   -      
Area Code

Credit Card Number

-     -     -

Credit Card Expiration Date

\_\_\_\_\_  
 (MM/YY)

Amount Charged

See above to select the correct fee for your request.  
 Applicable fees are \$56, \$136, or \$192  
 SSA will refund forms without the appropriate fee.

\$ \_\_\_\_\_

Credit Card Holder's Signature

**DO NOT WRITE IN THIS SPACE  
 OFFICE USE ONLY**

Authorization

Name

Date

Remittance Control #