



**Authorization for the Social Security Administration to Release
My Social Security Record Information (Non Tax)**

Name _____

Social Security Number _____

Date of Birth _____

I authorize the Social Security Administration (SSA) to release information or records about me to Darlene Oldendick, Kathy Pelzel or Nicole Strong of Social Security Advice Online, LLC, an independent consulting company, and understand that SSA will be disclosing my full record from the query printout circled: FACT, PHUS, SSID, or PCACS.

I want this information released because I have contacted Social Security Advice Online to assist me with my Social Security issues.

Below is an explanation of the information that will be disclosed on the query circled above.

FACT Query – contains your name, Social Security number, sex, date of birth, address, phone number, direct deposit information, account data, insured status data, payment cycle, primary insurance amount history, benefit data, benefit entitlement data, prisoner data, disability data, hospital insurance data, medical insurance data, medical insurance premiums, third party data, state exchange information, enforcement information, SSI information, overpayment/underpayment information, payment history, appeal information, remittance history

PHUS Query – contains your name, Social Security number, address, date of birth, account data, date of entitlement, benefit start date, and a history of all Social Security benefits paid for the year requested

SSID Query – contains your name, Social Security number, address, phone number, direct deposit information, sex, payment status, type of case, date of entitlement, earned income history, unearned income history, payment history, prisoner data, overpayment data, underpayment data, living arrangements, redetermination history, resource information, disability data for the time period requested.

PCACS Query – contains your Social Security number, folder location and date of folder location.

This consent is valid for one year from the date signed unless otherwise indicated by the individual named above. I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature _____ Date Signed _____

Relationship (if not the individual): _____ Daytime Phone No: _____

