Form Approved
OMB No. 0960-0566

Social Security Administration

Consent for Release of Information

TO: Social Security Administration

Name	Date of Birth	Social Security Number

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

NAME	ADDRESS
Northwestern University	720 University Place, Evanston, IL 60208 Fax 847-467-2288

I want this information released because:

This is needed by my employer, Northwestern University, for payroll and tax purposes.

(There may be a charge for releasing information.)

Please release the following information:

- [X] Social Security Number
- [ ] Identifying information (includes date and place of birth, parents' names)
- [ ] Monthly Social Security benefit amount
- [ ] Monthly Supplemental Security Income payment amount
- [ ] Information about benefits/payments I received from _____ to _____
- [ ] Information about my Medicare claim/coverage from _____ to _____
  (specify) _____
- [ ] Medical records
- [ ] Record(s) from my file (specify) _____
- [ ] Other (specify) _____

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature: _____

(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: _____