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:

*Bail Bond
Agency:* _____

I want this information released because:

The records will be used for the purpose of securing reimbursement for any expense and/or/ his/her appearance or nonappearance and/or apprehension for court appearance

(There may be a charge for releasing information.)

Please release the following information:

_____   Social Security Number
_____   Identifying information (includes date and place of birth, parents' names)
_____   Monthly Social Security benefit 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)
_____   Present Employment
_____   Other (specify) _____

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

Date: _____   Relationship: Bail Bondsman/Bonding Agency

SSA-3288 Internet (12/99)