

**Attached please find duly executed SSA-3288. Please note that I, as a Beneficiary or current Claimant with a Program Purpose, am entitled, as per SSA rules (see attached copy for your information),**

- 1) a FREE copy of the Requested Material**
- 2) IN FULL, I need NOT explain all parts of file desired, as per the attached rule, and**
- 3) I am entitled to same via EMAIL as provided for in the RELEASE address**

**Thank you for your anticipated kind, professional, expeditious cooperation.**

**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. \*\*Please complete these fields in case we need to contact you about the consent form).

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:

\*I want this information released because:

We may charge a fee to release information for non-program purposes.

**NO CD! Only EMAIL or  
paper (or FAX if  
PERMITTED)**

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

Check at least one box. We will not disclose records unless you include date ranges where applicable.

1. ☐ Verification of 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 \_\_\_\_\_ to date \_\_\_\_\_
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 (We will not honor a request for "any and all records" or "the entire file." You must specify other records; e.g., consultative exams, award/denial notices, benefit applications, appeals, questionnaires, doctor reports, determinations.)

**ACCORDING TO DI 81001.035,  
SSA IS NOT PERMITTED  
TO RESTRICT IN THIS  
MATTER AND "all documents  
that make up the case must be  
included."**

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 it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining 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: \_\_\_\_\_

\*\*Daytime Phone: \_\_\_\_\_

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)

## RELEVANT SECTIONS OF POMS: DI 81001.035

 **Social Security**

SEARCH MENU LANGUAGES SIGN IN / UP

Program Operations Manual System (POMS)

Effective Dates: 05/17/2022 - Present

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**TN 10 (05-22)**

DI 81001.035 Copying a Certified Electronic Folder (CEF) to Compact Disc (CD) or Portable Document Format (PDF)

### A. Requests For A Copy Of A Disability Folder

When a claimant, beneficiary, or appointed representative requests a copy of the official file folder in either paper or electronic format, all documents that make up the case must be included. The official disability case folder consists of documentation per [GN 00301.285](#). Requests for certified copies of a CEF must be forwarded to the Regional Office per [GN 03360.025](#).

### B. Documents Included In The Official Folder

The official folder includes the following:

- Documents and records (e.g., applications, notices, prescribed Modernized Claims System [MCS]/Modernized Supplemental Security Income Claims System [MSSICS] screens and Evidence [EVID]);
- All disability-related forms used in the case (see [DI 11005.016](#));
- All disability-related electronic collection forms. For details on available Electronic Disability Collect System (EDCS) forms, see [DI 81010.005](#).

**REMINDER:** If a case is an EDCS exclusion or limitation, it will have an associated paper folder, which must also be copied for the requestor.

- All medical evidence, which can consist of paper (CEF Exclusions) and electronic documents;
- Statements of claimants or others (e.g., SSA-795 [Statement of Claimant or Other Person], Report of Contact [DROC or RPOC], Remark [RMK]/Associated Remark [AMRK]/Person Statement [DPST] screens, or EVID per [GN 00301.286E](#), when MCS or MSSICS cannot be used);
- Personal observations by the interviewer or other pertinent information (e.g., DROC, RPOC or EVID per [GN 00301.286E](#), where MCS or MSSICS cannot be used);
- RPOC/DROC screens for SSA-553 (Special Determination) showing the adjudicator's evaluation of conflicting evidence or complex issues and inferences made;
- Questionnaires; and
- Other material as appropriate.

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## F. Sending An Encrypted PDF Via Secure Email

To encrypt a PDF and send it to the claimant's personal email, take the following steps:

- Create the PDF using steps in section E - Burning Documents from a Certified Electronic Folder (CEF) to CD and i format;
- Once all desired documents are selected, the CD Burning window displays;
- Select "Send Email";
- Enter the password on the pop-up window and select "OK";
- Re-enter the password and select "OK";
- Enter the recipient's email address and select "OK";
- Change the employees email address in the "From" field to ^SSA Documents;
- Select the "Allow" check box and button on the Microsoft pop-up;
- Select "No" when prompted to burn another CD;
- This will generate an SSA email. Select "Send";
- Add a message to the Alerts & Messages section of eView.

**NOTE:** The message should include what was copied, to whom the copy was given, and the date it was given. Do not put an expiration date on the message.

- From eView, select "Edit (Lock Case)" at the top right-hand corner and "OK" to confirm the case has been locked;
- Navigate to the "Alerts & Messages" tab;
- Select "Add Message";
- Add the message "eFolder sent to the claimant via secure email" to the "Description" field;
- Select "OK" to save the message; and
- Confirm the message has been added to the "Messages" section before selecting "Unlock Case".

## G. Sending The PDF To A My Social Security (MySSA) Account

To send a PDF copy of eFolder documents to a mySSA account, take the following steps:

- Create the PDF using the steps in section E - Burning Documents from a Certified Electronic Folder (CEF) to CD and PDF format;
- Once all documents are selected, the CD Burning window displays;
- Select "Send to mySSA";
- Select "Yes" to send to the claimant's mySSA Message Center account, when the pop-up displays;
- A pop-up window will display to indicate a successful or unsuccessful submission with a prompt to select "OK";
- From eView, select "Edit (Lock Case)" at the top right-hand corner and "OK" to confirm the case has been locked;
- Navigate to the "Alerts & Messages" tab;
- Select "Add Message";
- Add the message "eFolder sent to the claimant's mySSA account" to the "Description" field;
- Select "OK" to save the message; and
- Confirm the message has been added to the "Messages" section before selecting "Unlock Case".

**NOTE:** The message should include what was copied, to whom the copy was given, and the date it was given. Do not put an expiration date on the message.

## H. CD Fee Policy

### 1. Certified Electronic Folder (CEF)

A claimant is entitled to one free copy of the file for program purposes. If the request is for non-program purposes or there is a request for a second or subsequent copies of the file burned onto a CD, see [GN 03311.005](#) for current fees.

SSA Policy to  
EMAIL PDF of file  
to Claimant

SSA Policy to Send  
Claimant's PDF  
of SSA file/folder to  
Claimant's  
MySSA online account