

Authorization for Social Security Information

To: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Re: \_\_\_\_\_

This form, signed by me, shall constitute written authorization for the Social Security Administration to release to Robert E. Peterson, Attorney at Law, any and all information in the possession, custody and/or control of the Social Security Administration with respect to social security records concerning the undersigned. Such release of the foregoing shall be authorized upon presentation of this authorization or any duplicate or photostatic copy thereof.

Signed \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Social Security Number

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

My Commission Expires: