

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:

CompEx, Inc.
28944 State Road 54
Zephyrhills, FL 33543
Telephone: (866) 926-6739

Wendy V. Schreck, P.A.
Wendy V. Schreck, Esq.
5430 214th Court South
Boca Raton, FL 33486
Telephone: (561) 445-8280

I want this information released because:

To establish my Social Security Disability status, date of entitlement to Medicare, and the basis for Medicare entitlement (disability or age) for the purposes of settling my Workers' Compensation claim.

(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
- Monthly Supplemental Security Income payment amount
- Information about benefits/payments I received at any time
- Information about my Medicare claim/coverage at any time
- Medical Records
- Records from my file (specify): **Date of Medicare entitlement, basis for entitlement and whether or not Medicare has paid any medical claims or filed any liens**
- Other (specify): **Date applied for Disability Benefits, status of my application, date Social Security Disability benefits started, amount of initial benefit paid (excluding subsequent cost of living increases), and whether or not any offset pursuant to 42 U.S.C. Section 424 has been taken**

I am the individual to whom the information/record applies or that person's parent n(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: