

TO: Social Security Administration

Client Name

Date of Birth

Social Security No.

I authorize the Social Security Administration to release information of records about me as any checks to:

Life Options Staff

Life Options of West TN, Inc
2600 Poplar Avenue, Suite 112
Memphis, TN 38112
(901) 347-3972

I want the information released because:

Life Options of West TN, Inc has applied to be/is my Representative Payee

Please release the following information:

- Social Security Number
- Identification information (includes date and place of birth, parent's names, etc)
- Monthly Social Security benefit amount
- Information about benefits I received from _____ to _____
- Information about my Medicare claim coverage from _____ to _____
Specify: _____
- Medical Records
- Record(s) from my file(specify): Diagnosis _____
- Other (specify): _____

This release takes effect on: _____ and expires on: _____
(This release can be used for one year only)

I understand that I may withdraw this consent at anytime in writing. I understand that any disclosure of records concerning diagnosis and/or treatment of alcohol or drug abuse and/or HIV/AIDS is covered by Title 42 of the Code Federal Regulations. If my records contain information governed by Title 42, I authorize the release of such information as indicated above.

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 representative that I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both by the Social Security Administration.

Signature: _____
(Show signatures and names and addresses of two people if signed by mark- on back)

Date: _____ Relationship: _____
Staff Member: _____ Date: _____ Telephone: _____