Form Approved
OMB No. 0960-0566

**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:

| NAME | ADDRESS |
|---|---|
| T-Scan Corporation | 4200 23rd Avenue West, Suite 100<br>Seattle, WA 98199 |
| | |
| | |

I want this information released because:

Legal / adjudication of lawsuit or claim

(There may be a charge for releasing information.)

Please release the following information:

- x Social Security Number
- x Identifying information (includes date and place of birth, parents' names)
- x Monthly Social Security benefit amount
- x Monthly Supplemental Security Income payment amount
- x Information about benefits/payments I received from _____ to _____
- x Information about my Medicare claim/coverage from _____ to _____
  (specify) _____
- x Medical records
- x Record(s) from my file (specify) _____
- x Other (specify) _____

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury 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 gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature: _____

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

Date: _____ Relationship: _____