

LETTER TO CUSTODIAN OF SCHOOL RECORDS

Claim Number _____

Date _____

PART 1 – TO BE COMPLETED BY REQUESTER

Name of Record Custodian _____

Address of Record Custodian _____

Sir/Madam:

I need to establish my date of birth to become entitled to Social Security benefits. I am requesting verification of my age according to records that may be available at your school. I am providing the following information to help in searching your records.

Name as Registered in School _____ Nickname _____

Date of Birth (Month, Day, Year) _____

Place of Birth (City, County, and State) _____

Name(s) of Parent(s) or Guardian(s) (First, Full Middle, Last) _____

Schools Attended (In same city or school district)(1) Name of School (If unable to remember, give location) _____ Grade(s) Attended _____ Date(s) Attended _____

Residence at Time of Attendance _____

Remarks _____
(2) Name of School (If unable to remember, give location) _____ Grade(s) Attended _____ Date(s) Attended _____

Residence at Time of Attendance _____

Remarks _____

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(3) Name of School (If unable to remember, give location) Grade(s) Attended Date(s) Attended

Residence at Time of Attendance

Remarks

____ I authorize the disclosure of the requested information to the Social Security Administration.

Signature

Address

Print Full Name

Phone Number with Area Code

Relationship to Person Whose Record is Being Requested

PART 2 – NOTARIZATION OF REQUESTER’S SIGNATURE (If Required)

Notary Public should use the space below for notarization and placement of seal.

PART 3 – PAYMENT INFORMATION

Enclosed is \$ _____ in the form of:

- Personal Check
- Certified Check
- Money Order
- No Fee Required

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PART 4 – CERTIFICATION BY CUSTODIAN OF SCHOOL RECORDS

➤ — The record is unavailable.

➤ — I certify the information below based on school records in my custody.

Name of School _____

Address of School _____

Name as Shown on School Record _____

Name(s) of Parent(s) or Guardian(s) _____

Age or Date of Birth as Shown on School Records _____

Date of School Record (Month, Day, Year) _____

Place of Birth _____

Remarks _____

Signature and Title of Custodian of School Records

Name of School or Agency Having Custody of Record

Address (Street, City, State, Zip Code)

Date

PRIVACY ACT/PAPERWORK REDUCTION ACT NOTICE

The Privacy Act requires us to notify you that we are authorized to collect this information by section 205(a) of the Social Security Act. You do not have to provide the information requested. The data you provide, however, will allow the Social Security Administration to determine the age and/or citizenship of a person who is applying for Social Security or Supplemental Security Income benefits. If you do not complete this form, that person may not be entitled to benefits. We do not disclose the information you provide to any person or other government agency.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you give us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213**