

AUTHORIZATION TO RELEASE SOCIAL SECURITY RECORDS

TO: Social Security Administration

RE: _____ [Name]
_____, New York [Address]
SSN: _____

DATE: _____

PLEASE TAKE NOTICE, that you are hereby authorized to furnish and release to Poklemba & Hobbs, LLC, for examination, review and photocopying all information and records in the Social Security file of the undersigned which pertain or relate to my social security disability claim.

Client

STATE OF NEW YORK)
)ss.:
COUNTY OF _____)

On this _____ day of _____, 20_____, before me personally came _____, who is known to me to be the individual described in and who executed the above instrument, and he/she duly acknowledged to me that he/she executed the same.

Notary Public