LAW OFFICES OF
TAD J. BISTOR, LLC

POST OFFICE BOX 1454
HARTFORD, CONNECTICUT 06144-1454
TELEPHONE (860) 570-1435
FACSIMILE (860) 570-1292
EMAIL TAD@BISTORLAW.COM
ALT. EMAIL BISTORLAW@GMAIL.COM

ALSO ADMITTED IN NEW YORK

AUTHORIZATION FOR RELEASE OF SOCIAL SECURITY RECORDS

Claimant:_____ DOB:_____ SS#:_____

I, the undersigned claimant, hereby authorize the United States Social Security Administration to release to the **Law Offices of Tad J. Bistor, LLC, P.O. Box 1454, Hartford, Connecticut 06144-1454,** any information requested concerning my, and my dependents', social security, social security disability, medicare, and/or supplemental security income benefits, including, but not limited to, identifying information, including social security numbers, names, current and former addresses, dates and places of birth, and parents' names; payees and their addresses; the types and amounts of all benefits / payments awarded to me or my dependents, including types and amounts of any deductions therefrom; employment records; medical records and reports; and all other records and reports contained in my file.

I further specifically authorize the release of the following additional information (specify): _____
_____

I am requesting disclosure of this information for the following purpose: _____
_____

I am the individual to whom such information applies or that person's parent (if a minor) or legal guardian. I understand that the records and reports to be released may contain information that is protected from disclosure under applicable laws, and hereby waive such protection with regard to disclosure of the above information to the Law Offices of Tad J. Bistor, LLC. This information, however, shall not be transmitted to anyone else without written consent or other authorization. I know that if I make any representation that I know to be false in order to obtain information from Social Security records, I can be punished by a fine or imprisonment or both.

This consent to disclose information may be revoked by me at any time except to the extent that action has been taken in reliance thereon.

Please honor a photocopy of this Authorization as fully as the original.

Date:_____ _____
Signature of Claimant

STATE OF CONNECTICUT)
) ss:
COUNTY OF HARTFORD)

Personally appeared, _____, known or otherwise proven to me, to be the signer and sealer of the foregoing instrument, who acknowledged the same to be their free act and deed, before me.

_____
Notary Public / Commissioner of the Superior Court