



4230 Central Ave
Riverside CA, 92506
(951) 334-0557
(951)286-7982

Consent to Release Personal Information

Name:

SSN:

Date of Birth:

I authorize **P&K Payee Service Inc** to obtain and/or exchange information for the purpose of planning my financial well-being and/or assuring my continuing eligibility for Social Security benefits.

I also consent to **P&K Payee Service Inc** to obtain and exchange my information to secure my financial personal well-being and benefit eligibility. This includes:

Social Security number, account statement, current monthly SSA/SSI, bank account, burial trust, medical, wages/employment record, social history, utility bills, address/living arrangement, or other (explain below)

I am the person above, to whom the requested information/records apply, the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I have examined all of the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my ability and knowledge. I understand that **P&K Payee Service Inc** is not responsible if a person authorized to obtain information regarding my account does so with false pretenses and **P&K Payee Service Inc** is not responsible for any effects to my benefits caused by releasing the information I have consented to give. I sign below knowingly.

Print Name

Signature of Claimant or Guardian

Date

Relationship (if not claimant)