Social Security AdministrationConsent for Release of Information

* Name	*Date of Birth	*Social Security Number
authorize the Social Securi	ty Administration to release info	ormation or records about me to:
*NAME	*ADDRESS	
Tracy M. Cooke	COOKE & COMP	ANY, INC.
Michael Benjamin	7124 East 6t	h Avenue Parkway
	Denver, Co.	80220-5533
*Please release the followin You must check at least one box. All X Social Security Number X Current monthly Social X Current monthly Supple X My benefit/payment and X My Medicare entitlement X Medical records from an Information of the social security number of the so	I Security benefit amount lemental Security Income payment mounts from to ent from to my claims folder(s) from inor's medical records, do not use this form but insected from my claims folder(s)	and payment. e list below: plicable date ranges are included. amount to stead contact your local SSA office.
X Other record(s) from meter reports, determinations	ny file (e.g. applications, questionna s, etc.) <u>All information r</u>	aires, consultative examination cequested.
or the legal guardian of a legally ir C.F.R. § 16.41(d)(2004) that I ha statements or forms, and it is true knowingly or willfully seeking or o	equested information/record applies, or acompetent adult. I declare under pena ve examined all the information on this a and correct to the best of my knowle abtaining access to records about anoth 100. I also understand that any applica	s form, and on any accompanying dge. I understand that anyone who ner person under false pretenses is
*Signature:		*Date:
- g a. ca. c		

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