



SOCIAL SECURITY

RELEASE/CONSENT FORM

“I, _____, in order to better acquaint the people of the United States with the Social Security Act, with the benefits provided by that Act, and with the services performed by the Social Security Administration, consent to the Social Security Administration’s release for publication of information, photographs and videotapes which may be taken in this connection.”

“I understand and agree that such publication of information, photographs and videotapes may be made at any time in any newspaper, periodical, web page or exhibit, and on radio and television broadcasts. I further understand that I will not now or in the future expect payment, royalty or benefit from the Social Security Administration for the use of my likeness or image in any such entity.”

DATE:

SIGNED:

(In the event of a minor child)

FOR:

ADDRESS:

WITNESS:
