

REQUEST FOR NUMIDENT PRINTOUT - COMPLETE AND MAIL THIS FORM TO:

Social Security Administration  
OEO FOIA Workgroup  
300 N. Green Street  
P.O. Box 33022  
Baltimore, MD 21290-3022

See back for fees. To process your request for a copy of your Numident printout, we need you to provide the following information:

\_\_\_\_\_  
(Name) (Social Security number) (Date of Birth)

If you do not know your Social Security number, please provide the following information to the above address:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Mother's Maiden name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

I am the individual to whom the record pertains (or a person who is authorized to sign this letter on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## FEES

If you want the Numident printout for a non-program purpose, the charge is \$16.00 if the SSN is known, and \$18.00 if the SSN is not known.

You may pay by check, money order, or MasterCard, Visa, Discover, American Express, or Diner's Club credit card. Payment should be enclosed with this request. If you are paying by credit card, provide the following:

- type of credit card \_\_\_\_\_
- credit card holder's name and SSN (if known) \_\_\_\_\_
- credit card holder's address \_\_\_\_\_
- daytime telephone number \_\_\_\_\_
- amount to be charged \_\_\_\_\_
- credit card number \_\_\_\_\_
- month and year of expiration date of the credit card \_\_\_\_\_