Date: [Insert Date]

To: Social Security Administration
[Insert Local Office Address]
[City, State, Zip Code]

RE: Letter of Instruction for Release of Records

Claimant Name: [Insert Full Name]
Social Security Number: [Insert SSN]
Date of Birth: [Insert Date of Birth]

To Whom It May Concern,

I am writing to formally instruct the Social Security Administration to release copies of my complete disability claim folder and related medical records.

Please release the following information:

- Complete Medical Folder (including all consultative exams)
- Exhibit List
- Payment History and Benefit Verification
- Disability Determination Transcripts
- Non-Medical Folder contents

Please deliver these records to the following authorized representative:

Recipient Name: [Insert Name of Person/Law Firm]
Address: [Insert Address]
Phone Number: [Insert Phone Number]

I have enclosed a signed Form SSA-3288 (Consent for Release of Information) to accompany this request. Please contact me or my representative if there are any fees associated with this request or if additional forms are required.

Thank you for your prompt attention to this matter.

Sincerely,

_____
[Insert Your Printed Name]
[Insert Your Phone Number]