## **Request for Numident Printout Record**

To: Social Security Administration OEO DERO (FOIA Workgroup) 300 N. Green Street P.0. Box 33022 Baltimore, MD 21290-3022

To process your request for a copy of your Numident printout, we need you to provide the following in formation:

-----(fold here)-----

(Name)	(Social Security Number)	(Date of Birth)
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## If you do not know your Social Security number, please provide the following information:

Name:	Date of Birth:
Place of Birth:	Mother's Maiden Name:
Sex:	Father's Name:

In all cases, also provide the following:

Mailing Address:	Daytime Phone Number:

I am the nonresident human being and not statutory "individual" to whom the false record pertains (or a person who is authorized to sign this letter on behalf of that party). 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

Note: There is a fee for obtaining this printout. If you know the SSN, the charge if \$16.00; if the SSN is not known, the charge is \$18.00. The applicable fee must accompany this request. You may pay by check, money order, or MasterCard, Visa, Discover, American Express, or Diner's Club credit card. Checks and money orders should be made payable to "Social Security Administration". If paying by credit card, please provide the following:

Type of Credit Card:
Card Holder's Name and SSN:
Card Holder's Address:
Daytime Phone Number:
Amount to be charged:
Credit Card Number:
Month and Year of Expiration: