

APPENDIX A

DATE

Social Security Administration
Office of Public Disclosure
3-A-6 Operations Building
6401 Security Boulevard
Baltimore, MD 21235

FREEDOM OF INFORMATION REQUEST

RE: XXXXXXXXX
SS#: XXX-XX-XXXX

Dear Sir or Madam:

I represent XXXXXXXXXXX, D.O.B. XXXXX, SS# XXX-XX-XXXX. I am writing to request a copy of her numident record under the Freedom of Information Act. The record will be used to help establish birth facts, so I ask that the record include the red Social Security Administration stamp.

I have enclosed a duly-signed SSA form 1696 signed by my client, which permits you to release this information to me, along with a check for \$16.00 and a copy of my Driver's license and attorney identification.

Sincerely,

APPENDIX B

DATE

Name of School District
Records Information Center
Address

RE: Certified Admissions Applications

Dear Records Clerk:

I represent a client who was born at home and is trying to have a delayed birth certificate created. I am writing to request a certified admissions application which will identify his date of birth, state of birth and the names of his parents. I have enclosed a release signed by my client, which permits you to send this information to me.

If you have any questions, please call me directly on my cell at xxx-xxx-xxxx or e-mail me at....

Sincerely,

RELEASE OF INFORMATION AUTHORIZATION

I, (Client's Name), D.O.B _____, SS# _____, do hereby authorize School District to release to my attorney, (Attorney's Name), of (Name of Firm), located at (Address of Firm), my certified admissions application.

CLIENT'S NAME

DATE