MEMORANDUM OF UNDERSTANDING

BETWEEN

THE SOCIAL SECURITY ADMINISTRATION

AND

THE UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

to process certain inmate requests for replacement Social Security Number cards

This Memorandum of Understanding ("MOU" or "Agreement") is entered between the United States Department of Justice Federal Bureau of Prisons ("BOP"), and the Social Security Administration ("SSA"), pursuant to relevant authority contained in the following federal statutes and regulations: §§ 205, and 702(a)(5) of the Social Security Act (Act) (42 U.S.C. §§ 405 and 902(a)(5); Section 7213(a)(1)(A) of the Intelligence Reform and Terrorism Prevention Act of 2004 (P.L. 108-458); 20 C. F. R. Part 422; 18 U.S.C. §§ 4042 and 3624. This agreement is also executed to comply with the Privacy Act of 1974, as amended (5 U.S.C. § 552a), section 1106 of the Act (42 U.S.C. § 1306) and SSA’s disclosure regulations and guidance promulgated thereunder. SSA maintains an automated Privacy Act System of Records (system notice SSA/60-0058) entitled Master Files of Social Security Number (SSN) Holders and SSN Applications, last published on January 11, 2006, at 71 FR 1796 et seq. that is the source of the information SSA needs to perform the activities covered under the terms of this agreement.

WHEREAS: Each party desires to establish an effective, efficient, and secure means for each party’s field staff to process applications from certain BOP inmates for replacement Social Security Number ("SSN") cards; and

WHEREAS: Inmate applicants in BOP facilities have been properly identified using established BOP policy and procedures, including procedures described herein; and

WHEREAS: BOP staff are federal law enforcement officers in a position of trust; and

WHEREAS: Inmates in BOP facilities are advised of BOP mail procedures generally, including routine screening procedures, and also specifically, that by submitting an application for a replacement SSN card and a properly completed Form SSA-3288 consent form, the applicant consents to BOP staff opening return mail from the SSA and maintaining possession of the replacement SSN card until the inmate’s release;
NOW THEREFORE THE PARTIES AGREE AS FOLLOWS:

I. PURPOSE/SCOPE:

A. This MOU is intended to establish secure, efficient procedures for each party’s field staff to process applications from certain BOP inmates for replacement SSN cards needed by inmates to obtain employment upon their release, thereby enhancing their employment opportunities and successful reintegration into society.

B. This MOU applies only to applications for replacement SSN cards by BOP inmates who are United States (U.S.) citizens and who are planning for release from a BOP institution into the community, a Residential Re-entry Center ("RRC") formerly known as a Community Corrections Center ("CCC") or Half-Way House, or to another detaining authority taking permanent custody of the inmate.

C. This MOU does NOT apply to applications from non-U.S. citizens, from applicants who have used different SSNs, for requests for a new SSN or for changes to SSA records. A SSN must have been assigned to the inmate previously and all the information on the application must exactly match information in current SSA records for the application to be processed following the procedures contained in this MOU. SSA field offices shall follow standard SSA processes and evidence requirements for properly completed and signed applications from non-U.S. citizens or from inmates who have used different SSNs or are requesting a new SSN or changes to SSA records outside the scope of this MOU.

D. This MOU applies to all BOP institutions and to all SSA field offices with BOP institution(s) in their servicing area. A list of BOP institutions is maintained on the BOP website at www.bop.gov.

1. This MOU supersedes any local agreement on this same subject previously executed between any BOP institution and any SSA office.

2. Each party shall ensure that copies of this MOU are distributed to all of their respective field offices.

3. Each party shall follow established internal monitoring procedures to ensure compliance with this MOU by their respective field offices. Upon request, each party shall provide to the other party copies of the relevant portions of regular internal monitoring reports related to this MOU.

4. Supplemental local agreements between BOP institutions and SSA field offices shall be submitted for review by agency headquarters prior to execution to ensure consistency with this MOU.
E. This MOU shall not affect any pre-existing, independent relationship or obligation between the parties on any other subject.

II. RESPONSIBILITIES/PROCEDURES:

A. BOP staff in each BOP institution shall:

1. Provide to the servicing SSA field office a list of institution officials who are authorized to implement this MOU by signing the documents described herein, including the Certification of Prison Records form and the cover letter to the SSA field office. The list of authorized BOP officials (Attachment A) shall be signed by the Warden on institution letterhead; include the name, position and signature of each official; and be updated as needed to reflect staff changes.

2. Follow established BOP policy and procedures to verify the identity of every inmate when received into custody at each BOP facility, including:

a. A thorough review of the records in the inmate’s file, including information provided by the U.S. Marshals Service and the U.S. Probation Office regarding investigation into availability of identity information, birth record, driver’s license or other identifying information; discussions with family; school transcripts; and employment records.

b. Verbal questioning of the inmate as to name, date of birth, offense, and register number.

c. A comparison of the inmate against existing photographs (including body art), fingerprints, and available physical description data, e.g. sex, race, height, weight, eye color, hair color, using the Joint Automated Booking System (JABS). At each BOP facility receiving an inmate into custody, the BOP submits a complete set of fingerprints via JABS to the Federal Bureau of Investigation for further verification and recording of identity. This identification process ensures inmates are identified correctly.

3. Issue to the inmate a BOP identity card, formerly known as the commissary card, containing certain identification information, including but not limited to, the inmate’s picture, name, date of birth and register number.

4. During pre-release planning counseling, advise the inmate of appropriate procedures for obtaining a replacement SSN card, including the completion of the following two forms:
a. Form SS-5, entitled “Application for a Social Security Card” (Attachment B).


c. When the name under which the inmate is committed is different from the inmate’s legal name, the legal name will be reflected in his or her BOP record as the “true name.” The inmate’s “true name” must be used in line 1 of Form SS-5 and on Form SSA-3288.

5. Upon receiving from an inmate a completed Form SS-5 and Form SSA-3288, verify completion of the forms, and review the Inmate Central File to ensure that the inmate has not previously submitted a Form SS-5 and to compare the biographical information on the application with certain identity/citizenship documents maintained therein if available, including:

a. U.S. state-issued driver’s license or identity card

b. U. S. passport

c. U. S. military identity card

d. U. S. Indian tribal identity card

e. health insurance or Medicaid card

f. school identity card

g. marriage/divorce documents

6. If the two forms are completed properly, review the inmate’s BOP identity card and witness the signature of the inmate on both forms by following established BOP procedures to observe the inmate signing his/her name on the two forms.

7. Upon completion of the inmate’s signature on both forms, prepare and sign a Certification of Prison Records form (Attachment D) for each inmate, verifying that the inmate has been properly identified and his/her signature properly witnessed. This certification form shall also contain the inmate’s register number and any other names used by the inmate. Place a copy of the Certification form in the Inmate Central File. Completed Forms SS-5 will be held in a secure location, e.g. a locked file cabinet, until mailed to SSA. Copies of Form SS-5 will not be maintained in inmate files.
8. Submit the original signed Form SS-5, SSA-3288, and Certification of Prison Records form to the servicing SSA field office, together with completed forms from other inmates, when appropriate, via a cover letter (Attachment E) on institution letterhead, listing the names of all inmates submitting application forms.

9. After receiving the SSN card in the mail from the SSA:
   a. Ensure the card is placed into the Inmate Central File, which is maintained in a secure area, accounted for daily, and transferred with the inmate to subsequent BOP institution(s). Inmates may request to view their SSN card in the presence of BOP staff. However, to maintain the safety, security and good order of the institution, at no time shall inmates be allowed to maintain possession of the SSN card while incarcerated, pursuant to BOP policy, nor shall inmates have access to files containing other inmates’ SSN cards.
   b. If the inmate is being released to another detaining authority taking permanent custody of the inmate, the SSN card shall be included with the documents being provided to the detaining authority.
   c. Any SSN cards that cannot be associated with a permanent record file within 3 days of receipt at BOP will be returned to the SSA office for disposition.

10. Ensure that the SSN card is provided to the inmate ONLY upon the inmate’s release from BOP custody into the community or an RRC. In cases where an inmate engages in work release job searches requiring the use of the SSN card, BOP staff will arrange for the temporary release of the SSN card from the permanent file and its return. The SSN card will not be retained by an inmate while he/she is in a BOP facility, pursuant to BOP policy.

11. Upon request, arrange for SSA staff to tour the institution and observe certain established BOP procedures, e.g. verification of identity upon an inmate’s arrival at the institution; maintenance of inmate files in secure areas.

B. SSA field office staff shall:

1. Provide to BOP institutions adequate amounts of forms SS-5 and SSA-3288 for completion by inmates preparing for release.

2. Accept from the BOP the SS-5, the SSA-3288, the Certification of Prison Records form, and the cover letter requesting replacement inmate SSN
cards, without requiring further evidence as proof of the inmate's identity.

3. Review each form for accuracy, completeness, and compliance with this Agreement. Each SS-5 application shall be screened to exclude the following:

a. Applications for original SSNs or corrected replacement SSN cards (including name change requests)

b. Unsigned applications.

c. Applications from non-citizens.

d. Applications from foreign-born U.S. citizens who do not have a U.S. citizenship code.

e. Applications submitted without an accompanying form SSA-3288.

f. Applications from those whose SSN records indicate use of more than one SSN or identity, or indicate fraud or misuse.

g. Applications submitted without BOP certification as to inmate's true identity.

4. Compare the signatures of the BOP officials on the Certification of Prison Records form and the cover letter submitting the inmate applications with the signatures on the list of BOP officials authorized to submit inmate applications.

5. Direct any questions regarding an application to the BOP official who signed the cover letter and make every effort to timely resolve questions or discrepancies that would prevent issuance of a replacement SSN card.

6. When conflicting data or questions cannot be resolved, issue a letter to the inmate, in care of the BOP official who signed the cover letter, returning the SS-5 and stating why it cannot be processed.

7. When the Form SS-5 is properly completed to include the inmate's signature, and it is accompanied by a signed consent form, SSA-3288, the Certification of Prison Records form, and the cover letter properly signed by an authorized BOP official and meets all other requirements of this MOU, issue a replacement SSN card.

8. Mail the replacement SSN card to the inmate, in care of the BOP official who signed the cover letter. At no time will the SSA send a replacement SSN card directly to an inmate at a BOP institution.
9. Make every practicable effort to process each application and provide a response to BOP within three (3) months of receiving the application, thereby avoiding follow-up inquiries from the BOP.

III. GENERAL PROVISIONS:

A. Modifications/Amendments. Either party may propose to modify and/or amend this MOU at any time. All proposed modifications and/or amendments shall be in writing and become effective only upon the written concurrence of both parties.

B. Period of Agreement/Termination.

1. This MOU becomes effective upon the date of final signatures of both parties and shall remain in effect for 5 years or until terminated by mutual written agreement or by either party upon 90 days advanced written notice to the other party.

2. Neither party shall be responsible for delays or failures in performance from acts beyond the reasonable control of such party, such as natural or man-made disasters.

C. Financial Responsibilities.

1. Each party shall be responsible for its own costs or expenditures incurred in implementing this MOU. Each agency receives appropriations for the activities performed under the terms of this MOU.

2. Anti-Deficiency Act. Nothing contained herein shall be construed to violate the Anti-Deficiency Act, 31 U.S.C. Section 1341, by obligating the parties to any expenditure or obligation of funds in excess or in advance of appropriations.

D. Dispute Resolution. In the event of a dispute between the parties, the parties shall use their best efforts to resolve that dispute in an informal fashion through consultation and communication, or other forms of non-binding alternative dispute resolution mutually acceptable to the parties.

E. Liability/Indemnification.

1. Each party shall be responsible for any liability arising from its own conduct and retain immunities and all defenses available to them pursuant to federal law. Neither party agrees to insure, defend, or indemnify the other party.

2. Each party shall cooperate with the other party in the investigation and
resolution of administrative claims and/or litigation arising from conduct related to the responsibilities and procedures addressed herein.

F. This Agreement constitutes the entire Agreement of the parties with respect to its subject matter. There have been no representations, warranties or promises made outside of the Agreement. This Agreement shall take precedence over any other documents that may be in conflict with it.

G. Each party shall provide to the other party, and update as necessary, the names and telephone numbers for the following National Points of Contact:

At time of signature:

1. For BOP:  
   Sue Fisher  
   Assistant Administrator for Unit Management  
   Correctional Programs Branch/Bureau of Prisons  
   320 1st St NW  
   Washington DC 20534  
   202-353-3506

2. For SSA:  
   Darrell Blevins  
   Director, Office of Eligibility and Enumeration Policy  
   Office of Income Security Programs  
   RRCC 1000  
   6401 Security Blvd  
   Baltimore, MD 21235  
   410-965-3954
The signatories below warrant and represent that they have the competent authority on behalf of their respective agencies to enter into the obligations set forth in this Agreement. In Witness Whereof, the undersigned, duly-authorized officers hereby subscribe their names on behalf of the parties:

For the Federal Bureau of Prisons: Dated:

Joyce K. Conley 1-24-09
Assistant Director
Correctional Programs Division

For the Social Security Administration: Dated:

Alan Lane 1-28-2008
Associate Commissioner for
Office of Income Security Programs
Dear [name],

We appreciate your continued support in working together to process inmate applications for replacement Social Security Number (SSN) cards to be provided upon release of the inmate to the community or a Residential Re-entry Center. Pursuant to procedures contained in the current national agreement between our agencies, I hereby authorize the following Bureau of Prisons (BOP) staff to certify inmate applications for replacement SSN cards and submit them to your office:

[signature]
____________________
[print name, position]

[signature]
____________________
[print name, position]

[signature]
____________________
[print name, position]

[signature]
____________________
[print name, position]

Please contact me at [telephone number] if you have any questions.

Sincerely,

[signature]
____________________
[print name], Warden

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SOCIAL SECURITY ADMINISTRATION
Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO APPLY FOR:
• An original Social Security card
• A replacement Social Security card
• A change of information on your record

IMPORTANT: You MUST provide the required evidence before we can process the application. Follow the instructions below to provide the information and evidence we need.

STEP 1 Read the instructions on this application. They contain important information about documents that can be submitted as evidence, and how to complete and submit the application.

STEP 2 Complete and sign the application using BLUE or BLACK INK. Do not use pencil or other colors of ink. Please write legibly. If you print this application from our website, you must print it on 8 1/2" x 11" white paper (if you live abroad and cannot obtain 8 1/2" x 11" paper, A4 size paper (8.25" x 11.7") is the only acceptable alternative).

STEP 3 Submit the completed and signed application with all required evidence to a Social Security office.

HOW TO SUBMIT THIS APPLICATION
In most cases, you can mail or take this application with your evidence documents to any Social Security office. However, if you live in an area serviced by a Social Security Card Center, you may need to visit the Social Security Card Center in person for all SSN related business. We will return your documents to you.

IMPORTANT: If you are age 12 or older and have never been assigned a Social Security number before, you MUST apply in person.

If you have any questions about this form, or about the evidence documents we need, please visit our website at www.socialsecurity.gov. Visiting our Internet site will help you make sure you have everything you need to apply for a card or change information on your record. You may also call Social Security at 1-800-772-1213 or contact your local office. You can find your nearest office or Social Security Card Center in your local phone directory or on our website.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD
Protect your SSN card and number from loss and identity theft. DO NOT carry the card with you. Keep it in a secure location and only take it with you when you must show the card, e.g. to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. DO NOT allow others to use your Social Security number as their own.

ABOUT YOUR EVIDENCE DOCUMENTS
You must provide the required documents based on your type of request. There will be situations when we must verify a document with the issuing agency. If your documents do not meet these requirements, we cannot process your application.
• We need ORIGINAL documents or copies certified by the custodian of the record. We will return your documents after we have seen them.
• We cannot accept photocopies or notarized copies of documents.
• See EVIDENCE DOCUMENTS WE NEED TO SEE on page 3.

ORIGINAL CARD: To apply for an original card, you will need to provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen or do not have current lawful, work-authorized immigration status, you MUST prove that you have a valid nonwork reason for requesting a card. (See HOW TO COMPLETE THIS APPLICATION, Page 2, Item 3.)
REPLACEMENT CARD: To apply for a replacement card, you must prove your identity (See IDENTITY, Page 3). If you were born outside of the U.S., you will also need to prove your U.S. citizenship or current lawful, work-authorized immigration status.

CHANGE OF INFORMATION: If you need to correct information on your SSN card, or information shown in our records (e.g., a name change, or corrected date of birth), you will need to prove your identity and provide documents that support the change and establish the reason for the change (e.g., a birth certificate to show your corrected date or place of birth). A name change document (e.g., marriage document) must identify you by both your old and new names. If it does not have enough identifying information (See IDENTITY, Page 3), we will request an identity document in your prior name and another in your new legal name in addition to the name change document. If you were born outside of the U.S., you also need to prove your U.S. citizenship or current lawful, work-authorized immigration status.

LIMITS ON REPLACEMENT SOCIAL SECURITY NUMBER (SSN) CARDS
Public Law 108-458 imposes limits on the number of replacement SSN cards you may receive at 3 per year and 10 in a lifetime. In determining these limits, SSA will not count changes in legal name (i.e., first name or surname), or changes to a restrictive legend (i.e., Valid for Work with DHS Authorization, Not Valid for Employment) shown on the SSN card. In addition, we may grant exceptions on a case-by-case basis if you provide evidence to establish a need for an SSN card beyond these limits (e.g., a letter from a social services agency stating you must show the SSN card in order to get benefits).

HOW TO COMPLETE THIS APPLICATION
Most items on the form are self-explanatory. Those that need explanation are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

2. Show the address where you can receive your card 10 to 14 days from now.

3. If you check "Legal Alien Not Allowed to Work," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all of the requirements for the U.S. government benefit. NOTE: Not all U.S. State or local benefits are acceptable for non-work SSN purposes. Contact SSA to see if your reason qualifies.
   If you check "Other," you must provide a document from the U.S. government agency that explains why you need a Social Security number and that you meet all of the requirements for a Federal benefit except for the number.

5. Providing race/ethnic information is voluntary. However, providing this information helps us prepare statistical reports on how Social Security programs affect people. We do not reveal the identities of individuals in these reports.

6. Show the month, day and full (4 digit) year of birth, for example, "1998" for year of birth.

8.B. You must show the mother's Social Security number only when the application is for an original Social Security card for a person under age 18. However, this item may be left blank if the mother was never assigned a Social Security number, or if you do not know the mother's Social Security number and are unable to obtain it. We will still be able to assign a number to the person under age 18.

9.B. You must show the father's Social Security number only when the application is for an original Social Security card for a person under age 18. However, this item may be left blank if the father was never assigned a Social Security number, or if you do not know the father's Social Security number and are unable to obtain it. We will still be able to assign a number to the person under age 18.

13. If the date of birth you show in item 6 is different from the date of birth you used on a prior application for a Social Security card, show the date of birth you used on the prior application and submit evidence of age to support the date of birth in item 6.

16. If you are age 18 or older, you must sign the application. If you are under age 18, you or a parent or legal guardian may sign. If you are physically or mentally incapable of signing the application, generally a parent, close relative, or legal guardian may sign the application. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including any additional information on the signature line as this may invalidate your application. Call us if you need clarification about who can sign. (See the "IMPORTANT" note under evidence of IDENTITY on page 3.)
EVIDENCE DOCUMENTS WE NEED TO SEE

The following lists are not all inclusive. However, they provide examples of the types of documents we need to see. **All documents must meet the criteria shown under "ABOUT YOUR EVIDENCE DOCUMENTS" on Page 1 in order to be considered.** If you have questions or need to discuss additional documents, see "If you have any questions" also on Page 1. Some documents we **may** accept are as follows:

**AGE:** In general, we must see your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. Hospital record of your birth (created at the time of your birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must indicate that the birth data was taken from the original birth certificate)

Call us for advice if you cannot obtain one of these documents.

**IDENTITY:** We **must see evidence of identity in your legal name.** Your legal name will be shown on the SSN card. Generally, we prefer to see documents issued in the U.S. Documents submitted to establish identity must show your legal name **AND** provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description—height, eye and hair color, etc.). Additionally, if you send a photo identity document but do not appear in person, the document **must** show your biographical information (e.g., your date of birth, age, or parents' names). To protect your Social Security card and number, identity documents **must** be of recent issuance.

**WE MUST SEE YOUR:**

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of these documents, or cannot get a replacement within 10 days, we may accept other documents such as a U.S. military identity card, Certificate of Naturalization, or employee identity card. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card or a school record maintained by the school.

If you are not a U.S. citizen, we **must** see your current U.S. immigration document and your foreign passport with biographical information or photograph.

**WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD OR CARD STUB, OR A SOCIAL SECURITY RECORD as evidence of identity.**

**IMPORTANT:** If you are **applying for a card on behalf of someone else,** you must provide evidence that establishes your authority to sign the application on behalf of the person to whom the card will be issued (e.g., a minor child's birth certificate establishes the authority of a parent to sign on behalf of the child). **In addition,** we must see different documents as proof of identity for both you and the person to whom the card will be issued.

**U.S. CITIZENSHIP:** In general, we can accept your U.S. birth certificate or U.S. Passport. Other documents we may accept are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

**IMMIGRATION STATUS:** We need to see a current document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, I-688B, or I-766. We **CANNOT** accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid nonwork reason. **(See HOW TO COMPLETE THIS APPLICATION, Page 2, Item 3.)** Your card will be marked to show you cannot work. If you do work, we will notify DHS.
THE PAPERWORK/PRIVACY ACT AND YOUR APPLICATION

The Privacy Act of 1974 requires us to give each person the following notice when applying for a Social Security number.

Sections 205(c) and 702 of the Social Security Act allow us to collect the facts we ask for on this form.

We use the facts you provide on this form to assign you a Social Security number and to issue you a Social Security card. You do not have to give us these facts, however, without them we cannot issue you a Social Security number or a card. Without a number, you may not be able to get a job and could lose Social Security benefits in the future.

The Social Security number is also used by the Internal Revenue Service for tax administration purposes as an identifier in processing tax returns of persons who have income which is reported to the Internal Revenue Service and by persons who are claimed as dependents on someone's Federal income tax return.

We may disclose information as necessary to administer Social Security programs, including to appropriate law enforcement agencies to investigate alleged violations of Social Security law; to other government agencies for administering entitlement, health, and welfare programs such as Medicaid, Medicare, veterans' benefits, military pension, and civil service annuities, black lung, housing, student loans, railroad retirement benefits, and food stamps; to the Internal Revenue Service for Federal tax administration; and to employers and former employers to properly prepare wage reports. We may also disclose information as required by Federal law, for example, to the Department of Homeland Security, to identify and locate aliens in the U.S.; to the Selective Service System for draft registration; and to the Department of Health and Human Services for child support enforcement purposes. We may verify Social Security numbers for State motor vehicle agencies that use the number in issuing drivers' licenses, as authorized by the Social Security Act. Finally, we may disclose information to your Congressional representative if they request information to answer questions you ask him or her.

We may use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies to determine whether a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

MAIL OR TAKE THE COMPLETED FORM TO A LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may also locate the nearest Social Security office on the Internet at http://www.socialsecurity.gov.
**SOCIAL SECURITY ADMINISTRATION**
Application for a Social Security Card

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<thead>
<tr>
<th>Name To Be Shown On Card</th>
<th>First</th>
<th>Full Middle Name</th>
<th>Last</th>
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<table>
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<tr>
<th>Full Name at Birth If Other Than Above</th>
<th>First</th>
<th>Full Middle Name</th>
<th>Last</th>
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**Other Names Used**

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<tr>
<th>Mailing Address</th>
<th>Street Address, Apt. No., PO Box, Rural Route No.</th>
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<tbody>
<tr>
<td>City</td>
<td>State</td>
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<tr>
<th>Citizenship (Check One)</th>
<th>U.S. Citizen</th>
<th>Legal Alien Allowed To Work</th>
<th>Legal Alien Not Allowed To Work (See Instructions On Page 2)</th>
<th>Other (See Instructions On Page 2)</th>
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<th>Sex</th>
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<th>Female</th>
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<th>Race/Ethnic Description (Check One Only - Voluntary)</th>
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<tbody>
<tr>
<td>Asian, Asian-American or Pacific Islander</td>
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<table>
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<tr>
<th>Date of Birth</th>
<th>Month, Day, Year</th>
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| Place of Birth | City | State or Foreign Country |

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<tr>
<th>A. Mother's Name At Her Birth</th>
<th>First</th>
<th>Full Middle Name</th>
<th>Last</th>
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<thead>
<tr>
<th>B. Mother's Social Security Number (See instructions for 8B on Page 2)</th>
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<table>
<thead>
<tr>
<th>A. Father's Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B. Father's Social Security Number (See instructions for 8B on Page 2)</th>
</tr>
</thead>
</table>

Has the applicant or anyone acting on his/her behalf ever filed for or received a Social Security number card before?

- Yes (if "yes", answer questions 11-13.)
- No (if "no," go on to question 14.)
- Don't Know (if "don't know," go on to question 14.)

<table>
<thead>
<tr>
<th>Enter the Social Security number previously assigned to the person listed in item 1.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enter the name shown on the most recent Social Security card issued for the person listed in item 1.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Enter any different date of birth if used on an earlier application for a card.

<table>
<thead>
<tr>
<th>Today's Date</th>
<th>Month, Day, Year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Daytime Phone Number</th>
<th>Area Code</th>
<th>Number</th>
</tr>
</thead>
</table>

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

**Your Signature**

**Your Relationship to the Person in Item 1 Is:**

- Self
- Natural Or Adoptive Parent
- Legal Guardian
- Other (Specify)

**Evidence Submitted**

**Signature and Title of Employee(S) Reviewing Evidence and/or Conducting Interview**

<table>
<thead>
<tr>
<th>Date</th>
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</table>

Form SS-5 (05-2006) - (05-2006) Destroy Prior Editions

Page 5
Social Security Administration
Consent for Release of Information

TO: Social Security Administration

Name ___________________________ Date of Birth ___________________________ Social Security Number ___________________________

I authorize the Social Security Administration to release information or records about me to:

NAME __________________________________________ ADDRESS __________________________________________


I want this information released because:

_____________________________________________________________________________________________________

(There may be a charge for releasing information.)

Please release the following information:

___ Social Security Number
___ Identifying information (includes date and place of birth, parents' names)
___ Monthly Social Security benefit amount
___ Monthly Supplemental Security Income payment amount
___ Information about benefits/payments I received from__________ to__________
___ Information about my Medicare claim/coverage from__________ to__________
   (specify) __________________________________________
___ Medical records
___ Record(s) from my file (specify) __________________________
___ Other (specify) _________________________________________

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: __________________________________________

(Show signatures, names, and addresses of two people if signed by mark.)

Date: ___________________________ Relationship: ___________________________

Form SSA-3288 (5-2007) EF (5-2007)
Social Security Administration
Consent for Release of Information

Please read these instructions carefully before completing this form.

When to Use This Form

Complete this form only if you want the Social Security Administration to give information or records about you to an individual or group (for example, a doctor or an insurance company).

Natural or adoptive parents or a legal guardian, acting on behalf of a minor, who want us to release the minor’s:
- nonmedical records, should use this form.
- medical records, should not use this form, but should contact us.

Note: Do not use this form to request information about your earnings or employment history. To do this, complete Form SSA-7050-F4. You can get this form at any Social Security office.

This consent form must be completed and signed only by:
- the person to whom the information or record applies, or
- the parent or legal guardian of a minor to whom the nonmedical information applies, or
- the legal guardian of a legally incompetent adult to whom the information applies.

To complete this form:
- Fill in the name, date of birth, and Social Security Number of the person to whom the information applies.
- Fill in the name and address of the individual or group to which we will send the information.
- Fill in the reason you are requesting the information.
- Check the type(s) of information you want us to release.
- Sign and date the form. If you are not the person whose record we will release, please state your relationship to that person.

PRIVACY ACT NOTICE: The Privacy Act Notice requires us to notify you that we are authorized to collect this information by section 3 of the Privacy Act. You do not have to provide the information requested. However, we cannot release information or records about you to another person or organization without your consent for release of information. Your records are confidential. We will release only records that you authorize, and only to persons or organizations who you authorize to receive that information.

PAPERWORK REDUCTION ACT STATEMENT: This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21234-6401. Send only comments relating to our time estimate to this address, not the completed form.
CERTIFICATION OF PRISON RECORDS

DATE: ______________________

INMATE NAME: ______________________
INMATE ID #: ______________________
SOCIAL SECURITY #: ______________________

Social Security Administration
(address)

Attached, please find a completed Form SS-5 (Application for Social Security Number) requesting a replacement Social Security Number card for the above named individual.

I, the undersigned, certify that I have reviewed appropriate documents in the above-named inmate’s official prison record; that the identifying information shown below is accurate according to that record;

NAME: ______________________
DATE OF BIRTH: ______________________
PLACE OF BIRTH: ______________________
MOTHER’S MAIDEN NAME: ______________________
FATHER’S NAME: ______________________

Other names used by inmate:                      Other Social Security Numbers:

__________________________________________  ______________________________________
__________________________________________  ______________________________________

If you have any further questions, please contact me between the hours of ______ to ______. My telephone number is ____________________.

[typed name for authorized BOP official]
[position]

OMB Control Number 0960-0688
Social Security Administration
Attn: [Appropriate Official Name & Title]
Address
City, State Zip Code

Dear [Name]:

Pursuant to procedures contained in the current national agreement between our agencies, we are enclosing recently completed (SS-5) applications for replacement Social Security Number Cards for the following inmates:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Each SS-5 is accompanied by a signed SSA-3288, along with a completed Certification of Records form.

If you require additional information, please do not hesitate to contact us. Thank you for your assistance in this matter.

Sincerely,

[typed name for authorized BOP official]
[position]