**Prestige Payee Services, LLC.**

**Text

Description automatically generated with medium confidence980 W. 6th St**

**Ontario, CA 91762**

**Office: (909)458-1056; Fax: (909)458-1058**

[**prestigepayeeservices@gmail.com**](mailto:prestigepayeeservices@gmail.com)

[www.prestigepayee.org](http://www.prestigepayee.org)

**Consent to Release Information**

**To: *Prestige Payee Services, LLC.***

**Name:**

**SSN:**

**Date of birth:**

**I hereby give my consent to Prestige Payee Services, LLC. to obtain and/or exchange information for the purpose of either arranging my livelihood to secure my well-being and/or assuring my continuing eligibility for Social Security Benefits.**

**I also hereby give my consent to Prestige Payee Services, LLC. to obtain and/or exchange information regarding the item(s) below for the purpose of arranging my livelihood to secure my well-being:**

**Social Security number, Account Statements, Current Monthly SSA/SSI, Bank Account, Burial Trust, Medi-Cal, Wages/Employment Record, Social History, Utility Bills, O.H.S. Plan/Appointments, Address/Living Arrangements, or Other (explain)**

**I am the individual, to whom the requested information/records apply, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare 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. I understand that Prestige Payee Services, LLC. is not responsible if a person authorized to obtain information regarding my account does so under false pretenses and Prestige Payee Services, LLC. is not responsible for any effect to your benefits caused by releasing the requested information.**

**Print Name Date**

**Signature of Claimant or Legal Guardian Relationship (if not Claimant)**

**PPS Services, LLC. Staff Member Date**