

Social Security Administration

_____ (write the address of your local Social Security office)

_____ (write today's date)

Re: Social Security Administration Decision Appeal

To Whom It May Concern:

I don't agree with the Social Security Administration's decision dated _____
(write date of SSA decision)

This letter is my request for a:

Reconsideration

Administrative Law Judge Hearing

Sincerely,

_____ (sign your name)

_____ (print your name)

_____ (write your Social Security Number)

_____ (write your mailing address)

_____ (write your telephone numbers)
