



SOCIAL SECURITY ADMINISTRATION

Refer To:

Office of Disability Adjudication and Review

Address 1

Address 2

City, ST Zip

Date:

Name

Address 1

Address 2

City, ST Zip

Dear **Claimant's/Representative's** Name:

We received a request to withdraw your application. Please carefully read the attached SSA-521 form. Complete and return it in the enclosed envelope.

If You Have Any Questions

If you have any questions, please contact this office. Our telephone number and address are shown above.

If you do not return the enclosed form, we will proceed with your hearing.

Sincerely,

****[Name]****

Administrative Law Judge

Cc: ****[Representative]****

Enclosures:

SSA-521