

[Date]

Social Security Administration

[Local Office Address]

[City, State, Zip Code]

RE: Notice of Representation

Claimant Name: [Claimant Full Name]

Claimant SSN: [Claimant Social Security Number]

Claim Type: [e.g., Title II SSDI / Title XVI SSI]

To Whom It May Concern:

Please be advised that I represent the above-named claimant in their application for Social Security benefits. Attached to this letter, please find the following executed documents:

- Form SSA-1696 (Appointment of Representative)
- Form SSA-827 (Authorization to Disclose Information)
- [Optional: Fee Agreement]

I request that a copy of all future notices, correspondence, and decisions regarding this claim be sent to my office at the address listed below. If this claim is currently pending at the initial or reconsideration level, please provide a status update on the current development of the file.

Thank you for your attention to this matter.

Sincerely,

[Signature]

[Representative Name]

[Law Firm/Company Name]

[Address]

[Phone Number]

[Email Address]