



**Social Security Administration  
Office of Quality Assurance and  
Performance Assessment**

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**(Address of Office)**

Date:  
Beneficiary:  
SSN:

**(Address)**

The Social Security Administration is conducting a quality review on this account. The following information is needed for our review for the above named individual. We have included a signed authorization for release of the information and a self-addressed stamped envelope for your convenience.

**(fill-in)**

We appreciate your assistance with our review. If you have any questions, you may phone me at my office between 8:00 a.m. and 4:00 p.m., Monday through Friday. My toll-free telephone number is 1-800- \_\_\_\_\_.

Sincerely,

Social Insurance Specialist

Enclosures: Postage-paid envelope  
Signed Authorization for Release of Information

## PAPER REDUCTION ACT NOTICE

**Paperwork Reduction Act Statement** – This information collection meets the requirements of 44 U.S.C section 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 15 minutes to read the instructions, gather the facts, and answer the questions. *Send **only** comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001.*