

Request to Social Security for CD of medical file

I recently received a disability decision and am requesting a copy of my file to decide if I should pursue an appeal. Please send the CD to the ADRC,

Attn: Kay Hebert / Email: khebert@co.chippewa.wi.us

so they can assist with my review.

Name: _____

DOB: _____

Signature: _____

Date: _____

Social Security Number: _____