

**REQUEST FOR STUDENT EARNED INCOME EXCLUSION (SEIE)  
FROM THE SOCIAL SECURITY ADMINISTRATION**

*(Insert Month, Day and Year)*

Social Security Administration

*(Insert Name of AWIC)*

*(Insert Street Address of Local Office)*

*(Insert City, State and Zip Code)*

**Reference:** *(Insert First Name, Last Name and Social Security Number)*

Dear *(Insert Name of AWIC)*:

I am submitting this documentation in order to be considered for the Supplemental Security Income (SSI) Student Earned Income Exclusion (SEIE).

I am a *(insert age)* year old student with a disability who receives Supplemental Security Income (SSI) benefits through the Social Security Administration.

I am also a student enrolled at *(Insert Name of School)* and attend *(Insert Number)* hours of class weekly. I will be regularly attending *(Insert Name of School)* through *(Insert Date of Course Completion)*.

I am employed by *(Insert Name of employer providing paycheck address, city, state, zip code)*.

My first day of employment was *(Insert Month, Day, Year)*. My weekly work is *(insert days, number of hours per week)*. My gross weekly pay is *(insert amount)*.

Copies of my paystubs are attached.

Respectfully,

*(Sign here)*

*(Insert Name as it appears on SSI records)*

*(Insert Street Address)*

*(Insert City, State Zip Code)*

*(Insert Telephone Number and e-mail address)*