

(ENTER PERMITTED ENTITY NAME AND ADDRESS)

(ENTER DATE)

Social Security Administration  
Office of Data Exchange, Policy Publications, and International Negotiations  
6401 Security Boulevard  
Baltimore, MD 21235

Dear Mr. Wilkins:

In accordance with (PL)115-174, 215(b), I certify, as the approving authority for (ENTER PERMITTED ENTITY NAME) that:

- a. (ENTER PERMITTED ENTITY NAME) is a permitted entity.
- b. (ENTER PERMITTED ENTITY NAME) is in compliance with (PL) 115-174, section 215.
- c. (ENTER PERMITTED ENTITY NAME) is, and will remain, in compliance with its privacy and data security requirements, as described in title V of the Gramm-Leach-Bliley Act (15 U.S.C. 6801 et seq.), with respect to information the entity receives from the Commissioner pursuant to this section.
- d. (ENTER PERMITTED ENTITY NAME) will retain sufficient records to demonstrate its compliance with its certification and this section for a period of not less than 2 years.

Sincerely,

---

(Name and Title of Company Official)