

Congressman Todd Young  
9<sup>th</sup> District, Indiana

Phone: (812) 288-3999  
Fax: (812) 288-3873

## Consent for Release of Personal Records by Executive Agencies

Please complete and return to the following address:

Congressman Todd Young  
District Office  
279 Quartermaster Ct.  
Jeffersonville, IN 47130

\*Name of Agency \_\_\_\_\_

\_\_\_\_\_  
\*Service Member's Full Name

\_\_\_\_\_  
\*Date of Birth

\_\_\_\_\_  
\*Return Mailing Address

\_\_\_\_\_  
\*City, State, Zip

\_\_\_\_\_  
\*Telephone number

\_\_\_\_\_  
\*Social Security Number

\_\_\_\_\_  
\*Military ID#

\_\_\_\_\_  
Rank

\_\_\_\_\_  
Unit/Base Assignment

Have you contacted any other elected officials about this problem? If yes, who? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(over please)

Congressman Todd Young  
9<sup>th</sup> District, Indiana

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**\*PLEASE EXPLAIN YOUR PROBLEM AND WHAT YOU WOULD LIKE FOR THIS OFFICE TO DO ON YOUR BEHALF:**

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If you wish to authorize the release of information regarding your case to a third party, please provide their names: \_\_\_\_\_  
\_\_\_\_\_

I have sought assistance from Congressman Todd Young on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Todd Young or any authorized member of his staff until this matter is resolved. I also affirm that the above information is accurate.

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Required Information