Congressman Todd Young
9th 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 Government Agency _____

_____
*Name of Claimant (First Name, M.I., Last Name) *Date of Birth

_____
*Mailing Address

_____
*City, State, Zip

_____
*Social Security Number Claim # (if applicable)

_____
*Telephone Number Alternate Telephone #

Email Address

How did you hear about us? [ ]friend/relative [ ]website [ ]mail [ ]other elected official
[ ]other_____

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

_____

_____

(over please)

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*PLEASE EXPLAIN YOUR PROBLEM AND WHAT YOU WOULD LIKE FOR THIS OFFICE TO DO ON YOUR BEHALF (please print clearly):

_____

_____

_____

_____

_____

_____

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_____

If you wish to authorize the release of information regarding your case to a relative or 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: _____

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*Required Information