

Congressman Todd Young
9th District, Indiana

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

PRIVACY RELEASE FORM

Please complete this form and return to the following address:

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

*Name of Claimant: _____
(First) (M.I.) (Last)

*Mailing Address: _____
(Street)

(City) (State) (Zip)

*Home Phone: _____ Alternate Phone: _____

*Date of Birth: _____ Email: _____

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

HOUSEHOLD INFORMATION:

Does claimant have a spouse or dependent children? If so, please list names and ages:

IDENTIFICATION NUMBERS:

*Social Security: _____

CLAIM HISTORY:

How long has it been since claimant last worked: _____

In order for our office to assist you, you must have an open claim with SSA.

*Has a claim already been filed? _____ yes _____ no

If yes, at which Social Security Office? _____

Date (or approximate date) claim filed: _____

(over please)

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*Please describe the nature of your SSA claim (SSI, Disability, etc.): _____

*Have you heard any response from the Social Security Administration? If so, please list:

Please attach a copy of any documents that may be helpful to us.

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

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

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

I authorize Representative Todd Young, and those acting on his behalf, to obtain information pertaining to this matter in accordance with the Privacy Act of 1974. I also affirm that the above information is accurate.

*SIGNATURE: _____ DATE: _____

*Required Information