

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

### Medicare

\_\_\_\_\_  
\*Name of Claimant (First, M.I., Last)

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

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

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

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

\_\_\_\_\_  
\*Medicare Number

\_\_\_\_\_  
\*Telephone Number

\_\_\_\_\_  
Alternate Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name of Medicare Part D provider (Part D only)

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)

