

Congressman Todd Young  
9<sup>th</sup> 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  
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: \_\_\_\_\_

\*Veteran's Claim Number: \_\_\_\_\_

**VETERAN:**

Branch of Service: \_\_\_\_\_ What years did you serve? \_\_\_\_\_

Did you retire from the service? \_\_\_\_\_

**CLAIM HISTORY:**

\*Has a claim already been filed? \_\_\_\_ yes \_\_\_\_ no

Date (or approximate date) claim filed: \_\_\_\_\_

\*What benefits have you applied for: \_\_\_\_ Health \_\_\_\_ Service-Connected Disability  
\_\_\_\_ Non-Service Connected Pension

\*Have you heard any response from the Veterans Benefits Administration? If so, please list: \_\_\_\_\_

