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

(812) 288-3999

(812) 288-3873 (fax)

Name of Agency	
Name of Claimant	Date of Birth
Mailing Address	-
City, State, Zip	-
Social Security Number	Claim # (if applicable)
Telephone number	
Have you contacted any other elected of	fficials about this problem? If yes, who?

(over please)

PLEASE EXPLAIN YOUR PROBLEM AND WHAT YOU WOULD LIKE FOR THIS OFFICE TO DO ON YOUR BEHALF:	
If you wish to authorize the release of information regarding your case to a th please provide their names:	ird party,
I have sought assistance from Congressman Todd Young on a matter that may require of information maintained by your agency, and which you may be prohibited from deunder the Privacy Act of 1974.	
I hereby authorize you to release all relevant portions of my records or to discuss proinvolved in this case with Congressman Todd Young or any authorized member of his matter is resolved. I also affirm that the above information is accurate.	
Signature: Date:	