

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

\*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 \_\_\_\_\_

Would you like to receive our e-newsletter? \_\_\_\_\_

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)

