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
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:_____

Would you like to receive our e-newsletter?_____

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

(over please)

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*Have you heard any response from the Veterans Benefits 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
**The VA does not recognize Power of Attorney so this line must either be signed by the veteran or completed with an "X" and signed by two witnesses if the veteran is unable to sign.