

Congressman Todd Young
9th 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 Military Branch _____

*Service Member's Name (First, M.I., Last) _____ *Date of Birth _____

*Indiana Mailing Address _____

*City, State, Zip _____ Email Address _____

Would you like to receive our e-newsletter? _____

*Telephone Number _____ Alternate Telephone Number _____

*Social Security Number _____ *Military ID# _____

Rank _____ Unit/Base Assignment _____

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)

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*PLEASE EXPLAIN YOUR PROBLEM AND 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 have sought assistance from Congressman Todd Young on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Todd Young or any authorized member of his staff until this matter is resolved. I also affirm that the above information is accurate.

*Signature: _____ Date: _____

*Required Information