

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: _____

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: _____

(over please)

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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.**