

Congressman Todd Young
9th District, Indiana

Today's Date: _____

RELEASE OF INFORMATION & CONSENT FORM

Name: _____

Date of Birth: _____

Address: _____

Social Security Number: _____

Other ID Number: _____

Telephone: _____

Type of Benefit Applied For: _____ Date: _____

At which office did you apply? _____

If other than your own account, name of person whose account you are filing for, and their account #:

Name: _____ Social Security Number: _____

Briefly describe problem or inquiry (use reverse if necessary):

I request that U.S. Congressman Todd Young:

Constituent Authorization

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I give my authorization to U.S. Congressman Todd Young, or his staff representative designated by him, to make proper inquiry on my behalf to _____.

Signed: _____ Date: _____

Request must be signed by involved constituent or legally appointed guardian and returned to:

Jeffersonville Office 279 Quartermaster Court Jeffersonville, IN 47130 Phone: (812) 288-3999 Fax: (812) 288-3873	Bloomington Office 320 W. 8 th Street, Suite 114 Bloomington, IN 47404 Phone: (812) 336-3000 Fax: (812) 336-3355
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Name and address of guardian:

