

Congressman Todd Young  
9<sup>th</sup> 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  
District Office  
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:

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#### IDENTIFICATION NUMBERS:

\*Social Security: \_\_\_\_\_

#### CLAIM HISTORY:

How long has it been since claimant last worked: \_\_\_\_\_

In order for our office to assist you, you must have an open claim with SSA.

\*Has a claim already been filed? \_\_\_\_ yes \_\_\_\_ no

If yes, at which Social Security Office? \_\_\_\_\_

Date (or approximate date) claim filed: \_\_\_\_\_

(over please)

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\*Please describe the nature of your SSA claim (SSI, Disability, etc.): \_\_\_\_\_

\_\_\_\_\_

\*Have you heard any response from the Social Security 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