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 Government Agency		
*Name of Claimant (First Name	e, M.I., Last Name)	*Date of Birth
*Mailing Address		
*City, State, Zip		
*Social Security Number		Claim # (if applicable)
*Telephone Number		Alternate Telephone #
Email Address		
Would you like to receive our e-	newsletter?	
How did you hear about us?		rebsite []mail []other elected official
Have you contacted any other	· elected officials abou	ut this problem? If yes, who?

(over please)

Phone: (812) 288-3999 Fax: (812) 288-3873

*PLEASE EXPLAIN YOUR PROBLEM AND WHAT YOU WOULD LIKE FOR TO OFFICE TO DO ON YOUR BEHALF (please print clearly):	.11S
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 dissemination 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 unthis matter is resolved. I also affirm that the above information is accurate.	ii1
*Signature: Date:	
*Required Information	