U.S. House of Representatives
Congressman Emanuel Cleaver, II

REQUEST FOR ASSISTANCE/PRIVACY ACT RELEASE FORM

PLEASE TYPE OR PRINT AND ATTACH COPIES OF PAPERS RELATED TO YOUR PROBLEM. PLEASE BE SPECIFIC AND FILL IN ALL NECESSARY INFORMATION.

Name:_____

Social Sec. Number:_____/_____/_____ Date of Birth:_____

Phone: Home:_____Work:_____Cell:_____

Address: _____

City:_____ State:_____ Zip Code:_____

Veteran #:_____ Branch of Service: _____

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I hereby give Congressman Emanuel Cleaver, II or his representative authority to contact the appropriate governmental agencies on my behalf in the following matter:

_____

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_____

Signature (Hand Written) Date

PLEASE RETURN THIS FORM TO CONGRESSMAN EMANUEL CLEAVER, II AT:

400 East 9th Street, Suite 9350
Kansas City, MO 64106

Phone: 816-842-4545
Fax: 816-471-5215