

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: _____

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:

Signature (Hand Written)

Date

PLEASE RETURN THIS FORM TO CONGRESSMAN EMANUEL CLEAVER, II AT:
101 W. 31st Street Phone: 816-842-4545
Kansas City, MO 64108 Fax: 816-471-5215