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.

Full Name:				
Social Sec. Number:/_	/	Date of Birth	:	
Phone: Home:	Work:		Cell:	
Address:				
City:		State:	Zip Code	:
Departure Date:	7	Γravel Country:_		
Location Number:				
I am aware that the Privacy A I hereby give Congressman E governmental agencies on m	Emanuel Cleaver, 1	II or his represe		
Signature (Hand Writ	ten)		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