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:/	/ l	Date of Birth	h:		
Phone: Home:Work:			Cell:		
Address:					
City:	Stat	te:	Zip Code:		
Veteran #:	Branch of Service:		Service:		
•	nanuel Cleaver, II o	or his repres	e of information in my file without my app sentative authority to contact the appropri :		
			_		
Signature (Hand Writte	en)		Date		

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

211 W Maple Phone: 816-833-4545 Independence, MO 64050 Fax: 816-833-2991