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:/	/ Г	Date of Birth:	<u> </u>	
Phone: Home:	Work:		Cell:	
Address:				
City:	State	e:	Zip Code	::
Inmate #:	P	Place of Incarceration:		
I am aware that the Privacy Ao I hereby give Congressman Er governmental agencies on my	nanuel Cleaver, II o	r his represe		
_				
Signature (Hand Writte	en)		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