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 Birt	h:			
Phone: Home:	Work:	ork:		Cell:		
Address:						
City:		State:	Zip C	Code:		
I am aware that the Privacy I hereby give Congressmar governmental agencies on	n Emanuel Cleaver,	II or his repres	sentative authorit			
Signature (Hand W	ritten)		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