

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: _____

Email: _____ Branch of Service: _____

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

Date

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

211 W. Maple
Independence, MO 64050

Phone: 816-833-4545