## 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:	

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 (Hand Written)

Date

PLEASE RETURN THIS FORM TO CONGRESSMAN EMANUEL CLEAVER, II AT:101 W. 31st StreetPhone: 816-842-4545Kansas City, MO 64108Fax: 816-471-5215