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U.S. House of Representatives
Congresswoman Karen McCarthy
5th District, Missouri

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 ONLY THE NECESSARY ITEMS.

Name: _____

Social Sec. # _____/____/_____

Address: _____

Daytime Phone: _____

Evening Phone: _____

City: _____ State: _____ Zip: _____

Date of Birth _____

Veterans Claim # _____

INS A # or LIN # _____

Branch of Service _____

Legal Status or Citizenship of person in the U.S. filing the petition:

_____

Type of forms filed with INS (I-130, I-129, etc.)

_____

Name of Beneficiary listed on those petitions:

_____

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I hereby give Congresswoman Karen McCarthy or her representative authority to contact the appropriate governmental agencies on my behalf in the following matter:

_____

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SIGNATURE (Hand Written) DATE

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PLEASE RETURN THIS FORM TO CONGRESSWOMAN KAREN McCARTHY AT:

400 East 9th Street, Suite 9350
Kansas City, MO 64106
Phone: 816-842-4545
Fax : 816-471-5215

OR

301 West Lexington, Room 217
Independence, MO 64050
Phone: 816-833-4545
Fax: 816-833-2991