

## CONGRESSMAN RAUL RUIZ, M.D. CASEWORK AUTHORIZATION FORM

PALM DESERT OFFICE 77933 Las Montanas Rd Suite 100 Palm Desert, CA 92211 Phone: (760) 424-8888 HEMET OFFICE 445 East Florida Ave 2<sup>nd</sup> Floor Hemet, CA 92543 Phone: (951) 492-3575 EL CENTRO OFFICE 343 S. 8<sup>th</sup> Street Suite A El Centro, CA 92243 Phone: (760) 592-2646

In accordance with the Privacy Act of 1974, I hereby authorize Congressman Raul Ruiz, M. D. and his staff to gain access to my files in order to assist me with the issue described below. I understand that Congressman Ruiz's work is provided free as a public service and that no one may charge a fee to gain access to his office. I certify, under penalty of perjury, that 1) I provided or authorized all the information in this privacy release and any document submitted with it; 2) I reviewed and understand all the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct. I also authorize the office to share my story for media purposes to increase service awareness.

PRINTED FULL NAME	SIGNATURE	DATE
HOME ADDRESS:		
E-MAIL:	PHONE NUME	BER:
SOCIAL SECURITY NUMBER:	Date of Birth:	
FEDERAL AGENCY INVOLVED:	TAX YEA	AR/S:
DO YOU WANT YOUR CASE DISCUSSED WITH AN	NYONE ELSE? IF SO, WHO?	
WHERE DID YOU HEAR ABOUT OUR CASEWORK	SERVICES?	(i.e. Spouse/Relative)
PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR IS OF ANY RELEVANT DOCUMENTS. IF THE ISSUE IS R		