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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 NUMBER:	
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	
FEDERAL AGENCY INVOLVED:	DATE OF LAST CONTAC	CT:
DO YOU WANT YOUR CASE DISCUSSED WITH AN	IYONE ELSE? IF SO, WHO?	
		(I.E. SPOUSE/RELATIVE
WHERE DID YOU HEAR ABOUT OUR CASEWORK	SERVICES?	
OF ANY RELEVANT DOCUMENTS (NO MORE THAN	10 pages).	